



Rider Financial Assistance Application Form

Clarification: A session is ten (10) weeks, one therapy lesson per week. We have four (4) sessions per year, with a two (2) week break after each session. Any make-up therapy lessons will be done during the breaks.

Name of Applicant: _____ Today's Date: _____

DOB _____ Address: _____

Phone numbers - Home: _____ Cell: _____

TOTALS of All Household Members

Combined Income (circle one): \$0-20,000; \$21,000-40,000; \$41,000-60,000; \$61,000+

Number of all people living in household? _____

How much money can you contribute per week? _____ or per full session? _____

(Reins to Recovery charges \$35 per lesson, the actual cost is \$95. The difference is provided by our donors and sponsors.)

We will need all the following complete information from you before consideration for financial assistance can be made:

- Financial documentation (last 3 months of ALL bank statements and pay stubs for all individuals living in household. Bank statements must include SSI amounts, bill payments, etc.; and a copy of SSI award letter. *(Reins to Recovery respects your privacy and our policy is to maintain these documents as confidential.)*

Please attach two letters of recommendation from the following:

___ Parent or guardian recommendation about financial need to expected benefit of scholarship.

___ Written document for participant stating his or her desire to ride at Reins to Recovery and their goals.

___ Written recommendation from a person outside of the family. (Teacher, therapist, doctor, etc.)

If I am awarded this assistance I will participate in: ___ Public Relations; ___ Fundraising;

___ Special Events; ___ Cleaning; ___ Community Service Project;

___ Complete a written article about our riding experience;

___ Other _____

I understand financial assistance funding will be withdrawn if two (2) "No show/No call" absences occur at scheduled lesson time. ___ Initials

I agree to pay a minimum of \$20.00 or my partial lesson fee in the event I do not show up for a lesson. ___ Initials

By signing below I am indicating that I have the ability to transport the above rider to Reins to Recovery for lessons each week if financial assistance is awarded.

(Reins to Recovery offers equal opportunity for all riders and maintain policies and practices designed to prevent discrimination against any rider on the basis of race, color, religion, ancestry, national origin, sex, age, marital status, sexual orientation, disability and medical conditions to the extent protected by the law. This policy of nondiscrimination applies to all practices.)

For Office use:

___ Scholarship granted Participant contributes _____ per lesson / per month

Length of scholarship _____ Special requirements _____

Scholarship Unavailable/waiting list _____ Date and time _____

Parent/Participant Notification _____ Date and time _____