

# Loving Thunder Therapeutic Riding, Inc.

## Financial Aid Application

THIS APPLICATION MUST ACCOMPANY COMPLETED CLIENT REGISTRATION FORM TO BE PROCESSED OR YOU MUST HAVE A CURRENT REGISTRATION ON FILE.

**All Information provided will be held in strictest confidence.**

Name of Rider \_\_\_\_\_ DOB \_\_\_\_\_ Date of Request \_\_\_\_\_

Have you applied before? \_\_\_\_ yes \_\_\_\_ no

Are other members of your family applying for financial aid from LTTR? \_\_\_\_ yes \_\_\_\_ no

If yes, Please list names: \_\_\_\_\_

**Information requested below applies to Parent/guardian or Adult Client.**

Name \_\_\_\_\_ Phone-H \_\_\_\_\_ W \_\_\_\_\_

Spouse \_\_\_\_\_ Phone-H \_\_\_\_\_ W \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Number of children \_\_\_\_\_ Ages \_\_\_\_\_ # of people used for tax exemptions \_\_\_\_\_

Rider resides with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Both Parents \_\_\_\_\_ Guardian \_\_\_\_\_ Self \_\_\_\_\_

**Financial Information- The following information is required for financial aid.** Please list all forms of income received on an annual basis. Mark N/A for any that do not apply to you. Also attach **PROOF OF INCOME** such as a copy of your most recent income tax return and any w-2's as required by Loving Thunder.

	Yes	N/A		Yes	N/A
Wages			Alimony/Spousal Support (income)		
Interest from Savings			Welfare/General Assistance		
Social Security Benefits			Pension/ Retirement		
VA Benefits			Insurance Benefits		
Medicaid			Respite Care		
Child Support (income)			Disability Payments/Workers Comp		
Unemployment Benefits			DD Waiver/Mi Via		
			Other		

If you need to, please describe any unusual circumstances (debts, illness unemployment etc.) that contribute to your need for assistance on a separate sheet of paper and attach it to this application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

For Office Use Only: Amount Granted: _____ Date: _____
--

**Loving Thunder Therapeutic Riding, Inc**  
**Financial Aid Policies**

- The Board of Directors of Loving Thunder Therapeutic Riding, Inc. has an obligation to its donors to insure scholarship monies are well managed and appropriately spent. Thus, it is the policy of LTRs Board of Directors that the Scholarship Committee reviews all requests for financial aid via the Financial Aid Application.
- All applicants must complete **the entire application** to be considered for assistance.
- ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.
- **New Requests:** Initial application may be submitted at any time. Please allow 30 days for Scholarship Committee to review the application.
- 50% of the rider fees is the maximum amount of scholarship available to a rider.
- If scholarship is awarded, a minimum of 3 hours of volunteer time must be provided by the rider or family each month of the scholarship period. Please contact management for additional information on possible duties and process.
- Scholarship Availability is dependent on available grant funding previously received.
- LTR reserves the right to verify income submissions.
- LTR reserves the right to rescind scholarship awards as it sees fit.
- LTR reserves the right to wave specific requirements on a case by case basis.
- We cannot award scholarships without receiving acceptable copies of proof of financial eligibility.
- LTR determines financial eligibility using the US government’s “The Federal Child Nutrition Programs” Guidelines ([http://www.fns.usda.gov/cnd/governance/notices/iegs/IEG\\_Table-032913.pdf](http://www.fns.usda.gov/cnd/governance/notices/iegs/IEG_Table-032913.pdf)).

Household size	Income
1	\$21,978.00
2	\$29,637.00
3	\$37,296.00
4	\$44,955.00
5	\$52,614.00
6	\$30,273.00
7	\$67,951.00
8	\$75,647.00

In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave, SW, Washington D.C. 20250-9410 or call 1-800-795-3272 (voice) or 202-720-6382 (TDD), USDA is an equal opportunity provider and employer.