



FINANCIAL ASSISTANCE APPLICATION

Based upon available resources, Raemelton Therapeutic Equestrian Center is pleased to be able to provide as much assistance as possible for qualified individuals and families for therapeutic equestrian programs. Financial Aid awards are based on a review of the applicant's household income, and extenuating circumstances. Part of our mission is to provide equine assisted activities and therapies to all of those who would benefit from them, regardless of ability to pay for such services.

To evaluate your needs, Raemelton Therapeutic Equestrian Center requests information about your financial situation. Financial Assistance Applications will be considered incomplete until all application items are submitted which includes a **copy of your current W-2**. Financial need will be the primary consideration in determining Scholarship eligibility. Information for consideration will be submitted anonymously to the Rider Scholarship Committee. Financial Assistance **Applications are valid for one year**.

In addition to financial eligibility, continuation of a Scholarship is dependent upon attendance. The attendance history of each scholarship recipient will be reviewed, this included excessive absences. Two or more absences without prior notice during a session will result in immediate scholarship cancellation. Attendance compliance for one complete session will be required for scholarship reconsideration.

Please select: _____ New Applicant _____ Renewal of Previous Scholarship

Participant's Name: _____

Applicant's Name: _____

Relationship to Participant: _____

Have you ever applied for financial assistance at Raemelton Therapeutic Equestrian Center? _____ Yes _____ No

If so, when? _____

Did you receive a full or partial scholarship? _____ Full _____ Partial

APPLICANT OR PARENT

Name: _____

E-mail Address: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Employer's Address: _____

SEE BACK

What is your annual household income? _____

What are your annual household expenses? _____

Marital Status: _____ Single _____ Married _____ Divorced _____ Widowed _____ Domestic Partnership

Household:

List all Household Members, including Applicant/Parent, Siblings, and/or Spouse/Partner and all other adults

1. Applicant: _____

2. Spouse/Partner: _____

3. Child 1: _____

4. Child 2: _____

5. Child 3: _____

6. Child 4: _____

7. Any other adult(s) who reside(s) in home: _____

Briefly explain your needs for financial assistance: (attach additional sheets if needed)

Have you explored all other monetary resources available to the participant (New Hope family resources, county MR/DD boards, etc.)? _____ Yes _____ No

ACKNOWLEDGEMENT

I declare that the aforementioned statements are true and correct. If requested, I will provide further substantiation of facts. I understand I need to attach a copy of my current W-2 to show income verification for this application to be complete. I understand scholarship dollars that may be awarded to the participant are contingent on acceptable attendance. One or more unexcused (no call/no show) absences will cancel the scholarship and I (the applicant/adult participant) will be held monetarily liable for lessons attended and/or those where the participant did not call in as absent and did not show.

Applicant's Signature: _____ Date: _____

For office use only:

Scholarship awarded: \$ _____ Date _____

Scholarship denied: _____ Reason: _____