



SCHOLARSHIP PROGRAM

PURPOSE

Crossing Bridges Therapeutic Riding Center's (TRC) scholarship program exists to provide tuition assistance for therapeutic riding students in financial need. The goal of the program is to provide funding for all qualified riders that would benefit from our services.

FUNDING

Final determination of tuition assistance is based on the demonstrated financial need and the funds available at that time. Crossing Bridges TRC puts significant effort into fundraising dollars for our scholarship account and fund availability may vary from year to year.

ASSISTANCE LEVEL	4-WEEK SESSION	CLIENT CO-PAY COST	SCHOLARSHIP AMOUNT
Full Scholarship	\$140.00	N/A	\$140.00
¾ Scholarship	\$140.00	\$35.00	\$105.00
½ Scholarship	\$140.00	\$70.00	\$70.00

GUIDELINES

- » A completed scholarship application must be submitted to Crossing Bridges TRC on an **annual** basis.
- » Tuition varies depending on session length. **See above for the breakdown for a typical 4-week session.**
- » Amounts indicated for **client co-pay** are **due on the first day of class for the session.**
- » Funds are to be requested and used only when no other sources of funding are available to the rider.
- » Funding may be discontinued if **2 or more lessons are missed** during the current riding session. Unexpected hospitalization terms or physician prescribed absences that result in 2 or more lessons missed will **not** be counted as reasons for discontinuing funding.

Recipients of scholarship funds are encouraged to communicate appreciation to their benefactor through pictures or letters of testimony and/or "thank you" notes.

For more information on who these should be directed to, please contact Jennifer Clark.

SCHOLARSHIP APPLICATION

Date of Request: _____

Participants Name: _____

Assistance Level Requested (select one): Full Scholarship ¾ Scholarship ½ Scholarship

HOUSEHOLD INFORMATION:

Information requested below applies to Parent/Legal Guardian or Adult Rider.

Primary Adult Name: _____ Relationship to Participant: _____

Phone #: _____ Email: _____

Address: _____ City: _____ Zip Code: _____

Other Resp. Party: _____ Relationship to Participant: _____

Phone #: _____ Email: _____

Marital Status (select one): Single Married Divorced/Separated Widowed

Rider Resides With (select one): Primary Adult Listed Other Responsible Party Listed
 Self Other: _____

Number of Children in Household: _____ Ages: _____

Gross Monthly Household Income: _____

Sources of Income (please list the total amounts your household is receiving for each **or 0 where you receive no benefit** in the spaces provided):

Full/Part-time Employment: _____ Name of Employer: _____

Unemployment: _____ Cash Assistance (TANF): _____

SNAP (Food Stamps): _____ Housing Assistance: _____

Child Support/Alimony: _____ Disability: _____

Social Security: _____ Pension: _____

Other: _____ Details of Other: _____

Documentation of Income (please check all that apply, and **attach** all relevant proof of income documentation for each household member):

- | | |
|---|---|
| <input type="checkbox"/> Pay Stubs (2 Months) | <input type="checkbox"/> Cash Assistance (TANF) Approval Letter |
| <input type="checkbox"/> Unemployment Benefits Letter | <input type="checkbox"/> Housing Assistance Approval Letter |
| <input type="checkbox"/> SNAP (Food Stamps) Approval Letter | <input type="checkbox"/> Disability Benefits Letter |
| <input type="checkbox"/> Child Support/Alimony Proof (2 Months) | <input type="checkbox"/> Pension/Annuity Benefits Letter |
| <input type="checkbox"/> Social Security Benefits Letter | <input type="checkbox"/> Other: _____ |

NOTE: Additional documentation may be requested at the discretion of the Executive Director.

ADDITIONAL INFORMATION:

In what other types of activities and therapy does this rider participate and how often?

How does therapeutic riding benefit the participant?

Please list any unusual circumstances (debts, illness, etc.) that contribute to the need for a scholarship at Crossing Bridges:

Your Personal Story – please share any additional information we should take into consideration when evaluating your application:

I certify that the information provided in this application is correct to the best of my knowledge.

Signature: _____ **Date:** _____

Print Name: _____