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	$180.00	N/A	$180.00
¾ Scholarship	$180.00	$40.00	$135.00
½ Scholarship	$180.00	$80.00	$90.00

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.

6377 Monument Drive, Grants Pass, OR 97526 | PO Box 2276, Grants Pass, OR 97528
p: 541.441.7945 | e: jennifer@crossingbridgestrc.org | www.crossingbridgestrc.org

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):

- ☐ Pay Stubs (2 Months)
- ☐ Unemployment Benefits Letter
- ☐ SNAP (Food Stamps) Approval Letter
- ☐ Child Support/Alimony Proof (2 Months)
- ☐ Social Security Benefits Letter
- ☐ Cash Assistance (TANF) Approval Letter
- ☐ Housing Assistance Approval Letter
- ☐ Disability Benefits Letter
- ☐ Pension/Annuity Benefits Letter
- ☐ 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: _____