



# SCHOLARSHIP PROGRAM

## PURPOSE.

Crossing Bridges' scholarship program exists to provide full and partial 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.

## GUIDELINES.

- » A completed scholarship application must be submitted to Crossing Bridges on an **annual** basis.
- » Tuition varies depending on session length. **See application form for assistance options. 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 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

Name of Participant \_\_\_\_\_ Date of Request \_\_\_\_\_

ASSISTANCE LEVEL	4-WEEK SESSION	CLIENT CO-PAY COST	SCHOLARSHIP AMOUNT
Full Scholarship	\$120.00	N/A	\$120.00
¾ Scholarship	\$120.00	\$30.00	\$90.00
½ Scholarship	\$120.00	\$60.00	\$60.00

Assistance Level Requested (circle one)      Full                      ¾                      ½

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

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Spouse \_\_\_\_\_ Phone # \_\_\_\_\_

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

Marital Status (circle one)    Married      Single    Divorced/Separated      Widowed

Rider resides with (circle one)    Mother      Father      Both Parents    Guardian      Self

Number of Children in Household \_\_\_\_\_ Ages \_\_\_\_\_

**Gross Monthly Household Income** \_\_\_\_\_

**Sources of Income (check all that apply).** 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 _____

**Documentation of Income.\*\*** Please attach all relevant proofs of income listed below for each household member.

2 months pay stubs	Cash Assistance approval letter (TANF)
Unemployment benefits letter	Housing Assist approval letter
SNAP (food stamps) approval letter	Disability benefits letter
2 months child support/alimony proof	Pension/Annuity benefits letter
Social Security benefits letter	

\*\*additional documentation may be requested at the discretion of the Executive Director.

**A D D I T I O N A L   I N F O R M A T I O N**

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

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**How does therapeutic riding benefit you (if independent rider) or your child?**

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**Please list any unusual circumstances (debts, illness, etc.) that contribute to you/your child's need for a scholarship at Crossing Bridges.**

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

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

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