**FINANCIAL ASSISTANCE OPPORTUNITIES**

REACH strives to make its services available to all participants whose application for registration is accepted. REACH is able to fulfill this mission through the generosity of our supporters and the administration of a scholarship program based strictly on financial need. The REACH Board of Directors believes that no client should be turned away due to finances. In order for the REACH Scholarship Committee to make the appropriate decision, all scholarship applications must include the following:

 1. Completed Scholarship Application Form

 2. The first page of the most recent IRS income tax return

 *(If the client is a minor, the tax return for the responsible person is required.)*

# APPLICATION FOR FINANCIAL ASSISTANCE

**New Participants** - Individuals applying for services at REACH must submit the Financial Assistance Application with their Registration Form.

**Current Participants** – Financial Assistance is awarded on a yearly basis. All scholarship requests must be renewed on an annual basis by submitting a newly completed Scholarship Application.

**AWARDING OF FINANCIAL ASSISTANCE**

All information provided on the *Financial Assistance Application* is kept in strict confidence. The Scholarship Committee reviews the applications and may find it necessary to request additional information; this is arranged by the Business Office on a confidential basis.

Financial Assistance is awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing. The balance of the fee is due prior to the session start.

**REACH THERAPEUTIC RIDING CENTER**

**SCHOLARSHIP APPLICATION FORM**

This application is for financial assistance at REACH Therapeutic Riding Center. The information will be kept confidential and will be made available only to the REACH Scholarship Committee.

Financial Assistance awards are based solely upon need. Due to limited funds we ask all applicants for financial assistance to make a careful assessment of their financial needs. Final determination of financial assistance awards will be based on the demonstrated financial needs of the applicant and the funds available for scholarship.

It is important that an application be filed as early as possible prior to the start of the semester. All requested information must be provided. We cannot consider this application until all material has been submitted.

**Information about Rider**:

Name: Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_

Address:

City/Town: State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Has Rider earned any income in the last 2 years? \_\_\_\_\_ Please list sources:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (If a rider is a minor or incapacitated) Parent or Legal Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all persons who regularly provide financial support to Rider:

Name and Relationship to Rider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information About the Person Filling out this Application**:

Name: Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best way to reach you about this Application:

**Information about Person Providing Financial Support to Rider**

Name: Relationship to Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:

City/State/ZIP:

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:

Business Address:

Best way to contact:

List all persons dependent upon your income:

Please identify below any other information you wish the Scholarship Committee to consider with this Application:

Please complete the attached worksheet.

Signed: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **REACH Financial Assistance Worksheet** |
| **Monthly Household Income** | **Amount** |
| Wages |  |
| Rider Benefits |  |
| Rider Child Support |  |
| Other: |  |
|  |  |
|  |  |
|  Total |  |
|  |  |
| **Monthly Household Expenses** |  |
| Rent/Mortgage |  |
| Car(s) |  |
| Fuel/Transportation Cost |  |
| Insurance |  |
| Food |  |
| Childcare |  |
| Medical |  |
| Utilities |  |
| Educational |  |
| Child Support/Alimony |  |
| Other: |  |
|  |  |
|  |  |
|  Total |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Use Only:

Date of Committee Meeting and approval: \_\_\_\_\_\_\_\_\_

Initials of Committee Members: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Date Notified: \_\_\_\_\_\_\_\_\_\_\_\_