



# Great Oak Aiken Therapeutic Riding Center Financial Assistance Application

Great Oak Aiken Therapeutic Riding Center strives to make our services available to all participants whose application for registration is accepted but cannot afford full tuition. Great Oak fulfills this mission through the generosity of our supporters and the administration of a scholarship program based on financial need. Our scholarship funds come in through our annual fundraising and are not guaranteed.

\*Applications must be received at least 30 days prior to the start of the session for which they will be used.

Participant's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Disability \_\_\_\_\_

Has participant previously engaged in Therapeutic Riding at Great Oak? No \_\_\_\_ Yes \_\_\_\_ When? \_\_\_\_\_

Has participant previously received a Great Oak Scholarship? No \_\_\_\_ Yes \_\_\_\_ When? \_\_\_\_\_

Scholarship amount requested? \_\_\_\_\_

\*\*Sessions are 10 weeks for \$400 / Private and Semi-Private lessons are \$50 per lesson\*\*

Are any other family members applying for or have previously received a Rider Scholarship?

\_\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

### Parent/Guardian Information:

Participant resides with Name(s) \_\_\_\_\_

Email Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

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

### Please sign and date all applicable requirements below:

- I agree to the volunteer requirement to help contribute towards the program needs.
- To ensure that everyone gets the most out of their therapeutic riding lessons Great Oak will be strictly enforcing an attendance policy for scholarship riders. Any scholarship rider who misses more than 2 of their lessons in any one term will forfeit their scholarship. The only exception to this rule will be a doctor excused extended absence. A Scholarship rider who misses a lesson and does not call ahead to cancel will be charged a \$10 "no show" fee.

I understand that \_\_\_\_\_ (name of scholarship recipient) will automatically forfeit his/her Great Oak scholarship if more than 2 lesson in any one session are missed and that a "no show" fee will be charged if a cancellation call is not placed 1 hour prior to the start of the lesson.



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## FINANCIAL INFORMATION - The following information is required for financial aid.

Please list all forms of income received on a monthly basis. Mark N/A for any that do not apply to you.

Number of individuals in the household, including adults and all dependents? \_\_\_\_\_

Wages:	Alimony/Spousal Support (income):
Interest from Savings:	Welfare/General Assistance:
Social Security Benefits:	Pension/Retirement:
VA Benefits:	Insurance Benefits:
Medicaid:	Respite Care:
Unemployment Benefits:	Disability Payments/Workers' Comp:
Child Support (income):	Other:
Spousal Support:	<b>TOTAL MONTHLY INCOME:</b>

\*Please provide 2 months current documentation of the above claimed income/benefits including Household W2 or 2 months Household pay stubs. If not available, a letter from a case worker identifying all government assistance received.

### ADDITIONAL INFORMATION:

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

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2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance?

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I certify that the information provided on this form is true and correct to the best of my knowledge. I also acknowledge that by accepting a Rider Scholarship I agree to the terms set form in the Rider Scholarship Guidelines.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

For Great Oak Office Use Only	
Date Received: _____	Date Reviewed: _____
Amount Granted: _____	Why Denied: _____ Date: _____