

FLEET EQUESTRIAN CENTER
TUITION ASSISTANCE REQUEST

In service to our community, we have already reduced prices to competitive or below competitive level.

Assistance is offered in two cases:

____ 1. for those qualifying for one of the therapeutic riding programs – either special needs or recreational therapeutic lessons (group or private). Additional forms must be filled out prior to applying for tuition assistance for therapeutic riding, including Licensed Medical Professional Rx to Ride. (PT, OT, MD, PSYCH)

____ 2. for those with a financial hardship. (Applications will be considered as funds are available and come 2nd to special needs rider applications).

CRITERIA FOR DEMONSTRATING FINANCIAL NEED

\$ _____ Total Annual Household Income (Attach Most Recent Income Tax Return REQUIRED)
Use additional attachments to demonstrate need if necessary

TUITION ASSISTANCE APPLICATION

It is the policy of Fleet Equestrian Center, LLC, in conjunction with If Wishes Were Horses, Inc that, based upon funds availability, a qualified rider should not be prevented from riding because of inability to pay full list price. However, riders are encouraged to pay for our already subsidized services without creating extensive hardship for the business. All information provided will be considered confidential. Tuition Assistance is granted on a first come –first served basis. A new tuition assistance form must be completed for each riding season (school year).

____ I would like to apply for tuition assistance, to ride at the discounted price of \$25 per lesson (2015-2016 school year – applies to select lessons at the \$30 cash value and up to \$50 service value).

Please list any unusual circumstances (debt's, illnesses, etc.) that contribute to your need for assistance:

Volunteers play a significant role in the success of programs offered at FEC/IWWH. Your involvement is encouraged. Please check how you will be willing to volunteer:

work on fundraisers facility / barn maintenance office/clerical help with lessons/class coordinator

How many hours per month can you give? _____ What days? _____

Participant Name _____ Guardian Name _____

Home Phone _____ Cell Phone _____ Email _____

Address _____

City/State/Zip _____

I understand that when Tuition Assistance is available it is granted for one (1) Session with the opportunity for renewal if the need continues. I understand that applications are only accepted as funds are available and that filling out this application is no guarantee that it will be accepted.

APPLICANT SIGNATURE

DATE

For office use only: Denied (D) or Granted (G):

Officer Initials / Date: