

FLEET EQUESTRIAN CENTER, LLC / If Wishes Were Hoses, Inc

TUITION ASSISTANCE REQUEST

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

Tuition assistance request for those qualifying for one of the farm's therapeutic programs and requesting financial assistance. 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)

CRITERIA FOR DEMONSTRATING FINIACIAL 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 participant should not be prevented from participating because of inability to pay full price. However, participants are encouraged to pay for our already subsidized services without creating extensive hardship for the farm and companies. All information provided will be considered confidential. A new tuition assistance form must be completed for each main program season September to May Term per year.

Table with 5 columns: Adjusted Gross Income, Financial Assistance Amount, Rider Pays, Amount. Rows show income brackets and corresponding assistance percentages and amounts.

Please list any unusual circumstances (hardships) that contribute to your need for assistance:

Multiple horizontal lines for writing unusual circumstances.

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:

- checkbox work on fundraisers checkbox facility / barn maintenance checkbox office/clerical checkbox help with lessons/segments 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) Season 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 your request will be accepted, as scholarships and assistance may not be available.

APPLICANT SIGNATURE

DATE

For office use only: Denied () or Granted () Price per lesson/segment \$_____ Term 20_____

Officer Initials / Date: