



## RIDER SCHOLARSHIP APPLICATION

Lothlorien Therapeutic Riding Center, Inc. (LTRC) is a non-profit 501(c)(3) organization. LTRC's mission is to "assist individuals to develop their highest potential through therapeutically based equine activities," and our goal is to make this very important recreational outlet and its benefits available to as many individuals as possible. Fees are necessary to help defray the expense of our program. **Participant fees, however, cover less than half the actual cost of providing a therapeutic/adaptive equine services.** The staff and Board of Directors work diligently to ensure the availability of funds to keep tuition costs as affordable as possible.

In recognition that some participants are not able to participate due to financial constraints, or would like to participate in more than one session, LTRC makes direct scholarship funds available towards session fees. Because scholarship funds are limited and there are many requests for assistance, we ask that you make every effort to contribute your share of the participant fee so there will be enough funds available to those that need assistance.

These funds are distributed as equitably as possible, on the basis of need, and awards are dependent upon the number of requests and the amount of funds available. In addition to family income, additional factors that can affect the amount of tuition assistance awarded include having four or more people in the family, having more than one family member with a disability, being a single parent family, or riders having unusual/extraordinary medical needs. Additionally, we encourage riders to participate in several sessions to enhance the benefits and results received through therapeutic riding. For this reason, registration in more than one session is an additional factor considered. LTRC requests those applying for scholarships to enclose a brief letter with their application, requesting the assistance and specifying the benefits of this therapy to them, or if a minor, their child.

**To apply for scholarship assistance, please supply the following :**

- **Completed Rider Registration Application, including signed photo release**
- **Completed Tuition Assistance Application on back of this page**
- **First 2 pages of most recent tax return and W2. If a minor, tax return for legal guardian/responsible party required**
- **Letter explaining why you are requesting assistance**
- **\$50 deposit for each session assistance is requested for, due at least one week prior to start of session(s)**
- **Thank you letter (optional)**

Other therapeutic riding centers across the country require adult riders and parents of riders to volunteer for various tasks such as fundraising, barn maintenance, office work and public relations in order to receive financial assistance. Frequently, the number of hours required to volunteer is directly related to the hours of riding time covered by the award. At this time, LTRC does not require this but those who wishing to do so are welcome and greatly appreciated.

Riders receiving scholarship assistance must have a signed photo release (see Registration Packet) on file and we ask that you provide LTRC with a "Thank You" letter that will be sent to the tuition sponsor at the close of the session. These letters serve to inform the donor about the rider's experience and the physical, emotional and social progress and benefits experienced by the rider as a result of therapeutic riding. The letters may be written by a caregiver if the rider is a minor and it is appreciated when drawings and notes directly from riders are included as well. These personal thank you letters are an important means of conveying to donors how much their monetary gifts accomplish, and how much their support is appreciated.

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Date: \_\_\_\_\_  Returning Participant  New Participant

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

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

Rider's Diagnosis: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN/CAREGIVER (if under 18):** Same address as above check here

Name: \_\_\_\_\_

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

Best number to reach you (circle one): Home Cell Work \_\_\_\_\_

If cell, OK to text you? YES NO

E-mail: \_\_\_\_\_ No email

Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Occupation/Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

**Family Income:\*** \_\_\_\_\_ **Number in Family:** \_\_\_\_\_ **\*Please attach tax return & W2**

Additional disabled family members? YES NO If yes, explain: \_\_\_\_\_

Do you have Independent Health FlexFit? YES NO Do you have a Medicaid Service Coordinator? YES NO

Are you eligible to receive any local, state, or federal funds to assist with therapy or rehabilitation: YES NO

If yes, from what agency program: \_\_\_\_\_ Amount: \_\_\_\_\_

Please list all other sources of funding to which you have applied, whether or not you have been notified of an award:

\_\_\_\_\_

In addition to the \$50 non-refundable deposit, I am able to pay: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Rider will be attending \_\_\_\_\_ sessions if assistance is received and \_\_\_\_\_ sessions if it is not received.

I, the client/parent/legal guardian, agree that I have read and understand the terms outlined in this application and do agree to adhere to all requirements to receive tuition assistance for myself or legal ward.

\_\_\_\_\_  
Signature of Applicant or Legal Guardian

\_\_\_\_\_  
Date