



HOPE'S SCHOLARSHIP

While therapy is traditionally paid for by insurance, adaptive riding is not. Because of this, we have made it a priority to keep our programs as affordable as possible to all those that have a desire to participate. Currently, our clients pay approximately 25% of the actual cost of lessons when they submit their session fees (this is factored into the 2019 tuition rates). We understand that for some these tuition rates are still difficult to pay; thanks to the financial support from our generous partners, Strides Therapeutic Horsemanship Center is now able to offer scholarships to those who require a little more assistance.

Strides Therapeutic Horsemanship Center will be offering up to three (3) scholarships to riders in 2019. Recipients of Hope's Scholarship will be awarded up to 75% off their tuition* for one (1) eight-week group session. Only one recipient will be awarded per riding session (spring, summer, or fall).

Although income level is the primary criterion for receiving one of the Hope's Scholarships, the Strides Board of Directors will weigh extenuating circumstances such as substantial medical expenses, additional disabled family members, and children attending college into account when reviewing your application.

We invite you to submit your application. If you have any questions regarding the scholarship application process, please call 509-492-8000, extension 0.

All applications must be mailed to:

Strides Therapeutic Horsemanship Center
%: Board of Directors
5426 N Rd 68 Suite D #204, Pasco, WA 99301

*** 2019 Tuition Fees***

8-weeks of Group Lessons: \$270
8-weeks of Private Lessons: \$400
Initial Evaluation: \$50

NOTE: while filling out your application, please PRINT clearly and use a pen.



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Date of Application: ____/____/____

Participant's Name: _____ DOB: ____/____/____
first last

Please list Riding Session Desired:

1st choice: _____	Spring Session:	Apr 15 - Jun 7, 2019
2nd choice: _____	Summer Session:	Jun 24 - Aug 16, 2019
3rd choice: _____	Fall Session:	Sept 2 - Oct 25, 2019

Participant's Legal Guardian:

Name (first & last): _____ Phone: _____

Address: _____
Street City State Zip

Occupation: _____

Employed by: _____ Number of years employed: _____

Participant resides with: _____ Number of dependents in family: _____

Total annual household income (including father, mother, step-parent, guardian, other):

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - \$20,000 | <input type="checkbox"/> \$41,000 - \$60,000 | <input type="checkbox"/> \$81,000 - \$100,000 |
| <input type="checkbox"/> \$21,000 - \$40,000 | <input type="checkbox"/> \$61,000 - \$80,000 | <input type="checkbox"/> > \$100,000 |

Please indicate the amount of financial assistance the participant receives from any of the following sources:

Disability Payments	\$	Medicaid	\$
DSHS Respite Care / DDD	\$	Social Security	\$
General Assistance	\$	VA Benefits	\$
Insurance Benefits	\$	Other: _____	\$

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What percentage of the current tuition rates can your household afford?:

- 75% (\$202.50) 25% (\$67.50)
 50% (\$135)

List all other activities and / or therapies that the participant is currently registered in:

Activity / Therapy	Method of Payment	Frequency of Participation
<i>Example: occupational therapy</i>	<i>Example: insurance</i>	<i>Example: 1 time per week</i>

Please list any medical diagnoses the participant has:

Please list and explain additional circumstances (debts, illness, etc.) you would like the Strides Therapeutic Horsemanship Board of Directors to consider when reviewing your application:

Please write a short paragraph about how this scholarship would affect your family if awarded:

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I certify that the information provided in this application is correct to the best of my knowledge. I understand that I am required to inform the Strides Therapeutic Horsemanship Board of Directors if there are any changes in these circumstances during the awarded year.

If I receive a scholarship, Strides will provide up to 75 percent of my current tuition for one eight-week group session in the year that the scholarship was awarded. If the participant named on this application cannot attend his or her scheduled riding lesson, I am required to notify Strides as soon as possible, preferably 24 hours in advance of the riding lesson. If there are two (2) no-shows (i.e. Strides is not notified in advance of a rider's absence) during the eight-week group session the scholarship is in effect, the scholarship will be cancelled.

By signing below, I understand and accept the terms and conditions:

Parent / Guardian / Participant's Signature

Date

For use by Strides Therapeutic Horsemanship Center Board of Directors

Date received: _____ *Approved:* YES NO

BOARD PRESIDENT SIGNATURE: _____

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