



Tri-State Therapeutic Riding Center

Enriching lives through equine-assisted therapies.

Participant Scholarship Fund Application

Tri-State Therapeutic Riding Center is a non-profit organization that aims to provide therapeutic services at low cost to our participants. Traditionally, therapeutic services and riding programs can be quite costly - we also understand that the cost of caring for someone with different needs is quite costly - so we hope to work together to keep the cost down for everyone.

Tri-State works diligently to seek out grants, donations, and holds fundraisers to keep our doors open to the community and to cover the costs of caring for our horses and running our programs. By applying for this scholarship, you are declaring financial need which we will carefully consider and will not withhold services, however, we ask that IF you are able to pay for services, to do so even if only for a portion of fees.

We will not turn away riders for inability to pay, however, you may be placed on a waiting list based on scholarship availability. Your scholarship application will be reviewed on a quarterly basis. Scholarships are awarded on a first-come, first-serve basis and applicants will not be denied .due to race, ethnicity, gender, religion, age, or ability. It is important that we are able to track the number of scholarships provided so that we can seek more outside funding (i.e. grants).

Scholarship recipients are role models and should promote the values that Tri-State Therapeutic Riding Center stands for; participants are expected to treat others with love and respect, just as they want to be treated. They are also expected to be good stewards of the horses that they work with, as well as their environment. Failure to do these things may result in termination of the scholarship.

This scholarship is not a monetary payment to the rider or Tri-State Therapeutic Riding Center, rather a recognition that the recipient will not be paying the full monetary amount for the services received.

We realize that not everyone is able to pay out-of-pocket for services, however, we offer other ways to help our program succeed such as volunteering with barn work, referring a friend, and promoting us on social media.



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Participant Scholarship Application Information Sheet

Date of Application _____ *FOR TSTRC STAFF: Date Reviewed* _____

Participant's Full Name _____

Participant's Age _____

Name of Parent(s) / Legal Guardian(s) _____

Parent(s) Occupation & Employer _____

Home Mailing Address _____

Best Telephone Number _____

Best Email Address _____

Annual Household Income: _____ Number of Persons in Household: _____

Amount you are able to pay per lesson (\$1 up to \$45) \$ _____

By signing below, you agree that all of the above information is true and you understand the information provided. You agree that you are in financial need and understand that the scholarship is contingent on funds available. You also agree that we can review the availability and your need on a quarterly basis.

Parent or Guardian Signature

Date

Please complete and return page 2 of this application by mail, drop off at the barn, or scan and email to us at tristatetherapeuticriding@gmail.com