

SOUTHERN DELAWARE THERAPEUTIC & RECREATIONAL HORSEBACK RIDING, INC.

EIN #52-2047294

302-644-1920

SCHOLARSHIP APPLICATION

(All portions must be completed)

Southern Delaware Therapeutic & Recreational Horseback Riding, Inc (SDTRHR) is a non-profit organization. Participant fees are necessary to help defray the expense of horseback riding classes and cover only a small portion of the actual cost. A scholarship fund is available for participants who could not otherwise participate because of a limited family income or because of temporary circumstances which result in hardship conditions for the family. Because scholarship funds are limited and there are so many requests for assistance, we ask that you make every effort to contribute your fair share of the participant fee so there will be enough scholarship funds for all who need them.

Participants Name: _____ D.O.B. _____

Parent/Guardian's name (if minor): _____

Address: _____ City: _____

State: _____ Zip: _____

Home # _____ Work# _____ Cell# _____

Occupation of Parent/Guardian: Father: _____ Mother: _____

Session(s) for which application is made: (please check)

Session I _____

Session II _____

Session III _____

Session IV _____

_____ Returning Participant _____ New Participant

FINANCIAL INFORMATION

Scholarship Applications must be completed in full and have attached the applicants' first page of the most recent IRS form 1040 or equivalent if they are to be considered by SDTRHR. If the rider is a minor, the return for the responsible party is required. All information provided will be held in strict confidence and privacy by SDTRHR.

Percent of Scholarship will be based upon completion of the "Financial Assistance Form"

Combined household gross income \$ _____ # in Family _____ Type of scholarship requested (please check)
_____ full (100%) _____ partial (____%)

Are any other family members disabled? _____ yes _____ no If yes, please list the name of the agency or program and the amount of benefits. _____

Are you eligible for any local, state or federal funds to assist you with riding class fees?
_____ yes _____ no. If yes, please list the name of the agency or program and the amount of the benefits.

Does your healthcare plan cover any/all of SDTRHR's fee? _____ yes, _____ no.
If so what _____%

SCHOLARSHIP APPLICATION

Family Hardships

Applications for scholarships based on family hardships should include a brief description of the situation or circumstances that may hinder your ability to pay for the needed services yourself. Mitigating factors which could impact the scholarship award include four or more people in a family. More than one disabled family member, single parent or unusual medical needs. Please comment on any other financial obligations (monthly rent, car payments, medical bills, etc) or any other outstanding debts which may hinder your ability to pay for the needed services yourself.

Please describe briefly the situation or circumstances that may hinder your ability to pay for the needed services yourself at this time:

All scholarships expire at the end of each calendar year. Scholarship applications must be renewed each January or by the beginning of the session that the rider will participate.

CERTIFICATION

I acknowledge that Southern Delaware Therapeutic & Recreational Horseback Riding, Inc (SDTRHR) will rely on the information on this application in making its decision. I certify that the information is true and correct to the best of my knowledge.

Signature of Participant/Parent (if minor)/Guardian

Date

The Board of Directors works diligently to ensure the availability of additional funds for scholarships awarded on the basis of need.

FOR OFFICE USE ONLY

President's Signature

Date

Approved

Disapproved

Comments: _____

**SOUTHERN DELAWARE THERAPEUTIC
& RECREATIONAL HORSEBACK RIDING, INC.**
EIN #52-2047294
P.O. BOX 219 NASSAU, DE 19969
302-644-1920

Lesson Information

SDTRHR Participant Registration form must be completed before any rider can be scheduled (medical history, physician release, liability release and appropriate consent forms).

Scheduling of lessons depends on rider, instructor and horse availability.

ASTM-SEI Helmets and appropriate footwear are required by all riders (SDTRHR provides helmets.)

Lesson rates subject to change.

Cancellation Policy

Students of all abilities achieve the greatest benefits from consistency in their lessons. We provide, to the utmost of our ability, consistent instructors, volunteers and horses for our riders. We take great efforts to find time slots that best meet you/your child's needs and volunteers to assist with our therapeutic lessons. We ask that all of our students make a commitment to attend all scheduled lessons they enroll in. We understand that illness and unforeseen circumstances do occur that cause lessons to be justifiably cancelled.

1st cancellation – no charge for the first student cancellation per lesson block.

We ask for 24 hour notice whenever possible, to allow us time to inform our instructors and volunteers.

No-shows (no phone call to tell us that you will not be at the lesson) **will be billed at the full lesson rate – no discounts or scholarships can be applied.**

There is no charge for weather, instructor or other SDTRHR cancellations.

I have read and understand the above cancellation policy.

Signature: _____

Date: _____

Payment Options

_____ I will be responsible for paying the full lesson fee. SDTRHR offers a partial payment plan which is described on the “Financial Assistance Form.”

Please check how you would like to pay.

_____ Option 1: Full payment at the start of the lesson block. * **

_____ Option 2: Pay by the lesson, \$30.00 deposit due at start of lesson block, payment due at each lesson

* Saturday lessons will follow the session schedule (2 free lessons if Saturday session is paid in advance)

**Non-Saturday lessons will be in 4 week blocks (1 free lesson if 4 lessons are paid in advance)

Signature: _____

Date: _____

***Cash, Checks, VISA/MC and Money Orders are accepted ***

**SDTRHR
Financial Assistance Form**

Date: _____

Phone: _____

Participants Name: _____

Parent or Guardian: _____

SDTRHR provides therapeutic riding sessions in the form of one participant per week. To allay a small portion of the costs involved, we do designate a tuition fee per session. We offer assistance to those who cannot afford to pay the fee, but our resources are very limited. In order to accommodate all of the participants who need financial assistance, we ask, if possible, that you make any partial payment that is affordable. This payment can be divided throughout the session. We also request that you volunteer a portion of your time to service with SDTRHR.

We feel that financial assistance is an obligation on the part of the Participant and his/her family and expect the terms agreed to herein will be fulfilled. In addition, a participant is expected to attend classes regularly and provide notice of absences. Financial support will not be continued for riders who have an excessive number of unexcused absences.

Will you be able to make partial payment? _____

If yes, how much will you be able to pay? _____

Please describe your proposed payment schedule: _____

Please check one: (How you wish to volunteer)

_____ Volunteer WEEKLY in class

_____ Attend and assist with one of our fundraisers

_____ Perform administrative duties - mailings, newsletter, mailing list maintenance, website design, etc....

_____ Assist with fundraising preparation – sponsors, raffle/auction items

_____ Other

Please explain any mitigating factors: _____

Please return this form and appropriate documentation to:
(Financial Assistance will not be granted without appropriate documentation)

**SDTRHR
P.O. Box 219
Nassau, DE 19969**

Cash, Checks, VISA/MC and Money Orders are accepted