

RISING TIDE THERAPEUTIC EQUESTRIAN CENTER, INC.

P.O. Box 44
West Tisbury, MA 02575
508-693-1185

FINANCIAL AID APPLICATION

***New Requests:** Initial application may be submitted at any time. Please allow 30 days for Scholarship Committee to review application.

***Payment:** Clients share of payment is due at the beginning of each eight (8) week session.

***Renewal Requests:** Complete applications are required to be filed annually and are due by October 31st. Session renewal requests are accepted verbally and reviewed weekly.

***ALL INFORMATION PROVIDED WILL BE HELD IN STRICTEST CONFIDENCE.**

Name of Rider _____ Date of request _____

Have you applied before? Yes _____ No _____

Are other members of your family applying for financial aid from RTTEC? Yes _____ No _____

If yes, who? _____

Information below applies to Parent/Guardian or Adult Rider.

Name _____ Phone/home _____ work _____

Spouse _____ Phone/home _____ work _____

Address _____ State/zip _____

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Married____ Single____ Divorced/Separated____ Widowed____

of children____ Ages____ # of people living at home____

Rider resides with: Mother____ Father____ Both parents____ Self____

FINANCIAL INFORMATION– The following information is required for financial aid. Please list all forms of income received on an annual basis. Mark N/A for any that do not apply to you.

Wages_____	Alimony_____
Interest from Savings_____	Welfare_____
Social Security_____	Pension/retirement_____
VA Benefits_____	Insurance benefits_____
Medicaid_____	Respite care_____
Unemployment_____	Workers comp._____
Child support (income)_____	Disability paymts_____
Spousal Support_____	Other_____

Total Income _____

Please attach a copy of your most recent income tax return and any W-2's. If in new job, please supply weekly pay stub.

How much would you be willing to pay per riding lesson?

\$20____ \$25____ \$30____ \$35____ Other_____

Additional information:

1. In what other types of activities and therapy does this rider participate and how often? _____

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2. Please list any unusual circumstances (illness, debts, etc.) that contribute to your need for financial assistance: _____

3. Volunteers play a significant role in the success of programs offered at Rising tide. Your involvement is required. Please check which area you would like to volunteer in:

- | | |
|-----------------------------|---------------------------|
| _____ work on fundraisers | _____ help with laundry |
| _____ help with barn chores | _____ perform barn maint. |
| _____ help with lessons | _____ other *(see below) |

*What special talent(s) or services would you be willing to provide to support Rising Tide? _____

I certify that the information provided in this application is correct to the best of my knowledge.

Signature _____ **Date** _____

For Official Use Only

Amounted Granted: _____ Date _____
