

# Tailored Rides Equine Assisted Therapy, Inc Scholarship & Financial Aid Guidelines (TREAT)

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*We're delighted that you have chosen the Tailored Rides for your therapeutic riding needs. Please read the following guidelines, complete the attached Rider Scholarship application and return it to the address below or by email to [weybapfarm@yahoo.com](mailto:weybapfarm@yahoo.com)*

- Tailored Rides offers financial assistance in the form of “Rider Scholarships” and or “Financial Aid”. Our hope is to make therapeutic riding affordable for individuals who would benefit from the program, but cannot afford to pay full tuition. Scholarships are based on financial need and are reviewed as they are received.
- Tailored Rides relies on fundraising events and the generous contributions from donors for scholarship funding; therefore available scholarship funds can vary throughout the year. A rider may only be granted two full scholarships per year so that others may have the opportunity. Lessons at a reduced cost can continue indefinitely.
- Please indicate on the application how much financial assistance you are requesting by writing the amount in the space provided. Please keep in mind that, regardless of the applicant’s financial situation, we may not be able to grant all scholarship requests due to the status of our scholarship funds at the time of application, but we will work with you to find a reduced lesson cost or payment plan to work for your situation.
- All information will be kept confidential.
- You must reapply for a rider aid annually or if financial circumstances change.
- Final determination of financial aid awards will be determined by the Tailored Rides staff using a set scale.
- Notification of financial aid and scholarship decisions will be made within two weeks of application submission in person or by mail, telephone or email.
- Because scholarship funds are limited, we ask that scholarship recipients are committed to attending lessons on a consistent basis. Funding may be discontinued if 2 or more lessons are missed during the funded riding period. Hospitalization terms or physician prescribed absences that result in 2 or more lessons missed will not be counted as reasons for discontinuing funding. Refunds and credits are not given for missed lessons.
- Acceptance of a Rider Scholarship is also agreement to the conditions stated above.
- All completed forms should be returned to:

*Tailored Rides Equine Assisted Therapy, Inc  
Attn: Rider Scholarships  
384 CR 42520,  
Paris TX, 75462*

Phone: 903-401-9644

email: [Weybapfarm@yahoo.com](mailto:Weybapfarm@yahoo.com)

***Thank you for your interest in Tailored Rides Therapeutic Riding Program!***

# Tailored Rides Therapeutic Riding Program Rider Scholarship Application (TREAT)

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*Tailored Rides encourages anyone who wishes to participate in our programs but who cannot afford full tuition to apply for a scholarship. Please keep in mind that Tailored Rides relies on fundraising events and generous contributions from donors for scholarship funding, therefore available funds will vary throughout the year and may not be available.*

Participant's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Date of birth \_\_\_\_\_

Diagnosis \_\_\_\_\_

Scholarship amount requested: \_\_\_\_\_

**\*\* Monthly Sessions are 4 weeks; \$150.00 /session\*\***

Session scholarship is being requested for (circle one): Jan, Feb, Mar, Apr, May, Jun, July, Aug, Sept, Oct, Nov, Dec

Has participant previously engaged in Therapeutic Riding at TREAT? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Has participant previously received a TREAT Scholarship? No \_\_\_ Yes \_\_\_ When? \_\_\_\_\_

Are any other family members applying for or have previously received a Rider Scholarship?

\_\_\_ No \_\_\_ Yes \_\_\_ Who? \_\_\_\_\_ When? \_\_\_\_\_

Parent/Guardian Information: Participant resides with Name(s)

\_\_\_\_\_

E-mail Address \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced/Separated \_\_\_\_\_ Widowed \_\_\_\_\_

**FINANCIAL INFORMATION— The following information is required for financial aid.**

Please list all forms of income received on a monthly basis. Mark -0- for any that do not apply to you.

**Number of individuals in the household, including adults and all dependents?** \_\_\_\_\_

Income (Monthly)		Expenses (Monthly)	
Mother's net earnings		Rent/Mortgage	
Father's net earnings		Car payment(s)	
Unemployment		Other Loans	
Child Support			
Alimony			
Pension/Retirement		Car Insurance	
Social Security		Heating/Electric/Air Cond	
Other _____		Telephone(s)	
		Cable	
<b>Total Income</b>		Trash	
		Water	
Investments		Credit Card(s)	
Savings		List cards & monthly pmt	
CDs			
Stocks/bonds			
Annuities		Medical Expenses	
Other _____		Child Care	
		other	
<b>Total Investments</b>		other	
		other	
		<b>Total Expenses</b>	

**ADDITIONAL INFORMATION**

1. In what other types of activities and therapy does this rider participate and how often?
  
2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance.

I certify that the information provided on this form is true and that all income is reported. I also acknowledge that by accepting a Rider Scholarship I agree to the terms set forth in the Rider Scholarship Guidelines. **I have attached copies of my 2 most recent pay stubs OR a copy of my latest federal tax return.**

\_\_\_\_\_  
Signature Date

**For TREAT Office Use Only**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Amount granted: \_\_\_\_\_ Why denied: \_\_\_\_\_

Date: \_\_\_\_\_