



Heroes on Horseback enriches our community and the lives of individuals with special needs by providing equine assisted activities and therapy in an effective, compassionate environment.

TUITION ASSISTANCE APPLICATION

It is the policy of Heroes on Horseback that qualified rider should not be prevented from riding because of inability to pay. However, riders are encouraged to pay for our already subsidized services without creating extensive hardship. All information provided will be considered confidential. **Tuition Assistance is granted on a first come – first served basis. A new tuition assistance form must be completed for each riding session.**

Tuition for each Spring 2018 session is \$300.

___ I would like to apply for tuition assistance in order to participate in the Heroes on Horseback 2018 Spring Program.

CRITERIA FOR DEMONSTRATING NEED: \$_____ Total Annual Household Income (Attach Most Recent Income Tax Return– **REQUIRED**)

Use additional attachments to demonstrate need if necessary.

Please list any unusual circumstances (debt's, illnesses, etc.) that contribute to your need for assistance:		
Volunteers play a significant role in the success of programs offered at Heroes on Horseback. Your involvement is encouraged. Please check how you will be willing to volunteer: <input type="checkbox"/> work on fundraisers <input type="checkbox"/> facility / barn maintenance <input type="checkbox"/> office/clerical <input type="checkbox"/> help with lessons/class coordinator How many hours per month can you give? _____		
Participant Name:	Home Phone:	Cell Phone:
Address:	City/State/Zip:	E-Mail:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed	Number of Children/Ages:	Number of people in household:
I understand that when Tuition Assistance is available it is granted for one (1) Session with the opportunity for renewal if the need continues. APPLICANT SIGNATURE: _____		DATE: _____

For office use only:		
Denied (D) or Granted (G):	Level Granted:	HOH Officer Initials / Date: