

RHYTHM OF THE REIN THERAPEUTIC RIDING PROGRAM



PO Box 86, Waterbury Center, Vt. 05677 388 US Route 2, Marshfield, Vt. 05658
802-426-3781 info@rhythmoftherein.org

Direct inquiries about becoming a participant or about the scholarship application to Dianne Lashoones, Program Director at any of the above contact information sites.

RHYTHM OF THE REIN SCHOLARSHIP FUND FINANCIAL AID APPLICATION

POLICIES

All information provided will be held in strictest confidence. It is our mission to offer our services to everyone who is accepted into our program regardless of ability to pay.

Our board of directors has responsibility to our donors to insure scholarship monies are well managed and appropriately spent, therefore it is our policy that the scholarship committee will review all requests for financial aid via the Financial Aid Application.

All applicants must complete the ENTIRE APPLICATION and submit proof of financial eligibility (copy of most recent federal or state tax return, SSI or Disability check.)

Scholarships are provided on a financial NEED basis and on a first come first serve basis until all scholarship monies are allocated or spent. Awards are received as credit to sessions.

Sessions cancelled by the participant or his/her legal guardian less than 24 hours before the session will be billed at the full amount and scholarship funds will not be applied to no-shows.

Rhythm of the Rein reserves the right to rescind scholarship awards as it sees fit.

Rhythm of the Rein reserves the right to waive specific requirements on a case by case basis.

Scholarships are granted for 12 sessions.

SCHOLARSHIP APPLICATION FORM

ALL INFORMATION PROVIDED HELD IN STRICTEST CONFIDENCE

Name of Rider _____ DOB _____ Date of Request _____
Have you applied before? _____ If so, when? _____
Are other family members applying for this same aid? Yes ___ no ___

Information below applies to parent/guardian or adult rider

Name _____ Phone- Home _____ Work _____
Spouse _____ Phone-Home _____ Work _____
Address _____ City _____ State _____ Zip _____
Married _____ Single _____ Divorced/Separated _____ Widow _____
Rider resides with Both Parents _____ Mother ___ Father ___ Guardian ___ Self _____

The following information is required for financial aid. Please list all forms of income received annually. Mark N/A for any that do not apply to you. Also attach **proof on income** (most recent state or federal tax return, SSI or Disability check as required by Rhythm of the Rein’s scholarship policy. You will be notified if your request has been approved within 30 days of receipt of completed application.

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|--------------------------|-----------------------------|
| Wages | Alimony/Spousal Support |
| Interest from savings | Welfare/General Assistance |
| Social Security Benefits | Pension/Retirement |
| VA Benefits | Insurance Benefits |
| Medicaid | Respite Care/Flexible Funds |
| Unemployment Benefits | Disability/Workers Comp |
| Child Support Income | Other |

Please describe any unusual circumstances (debts, illness, unemployment, etc) that contribute to you need for assistance below.

Signature Date

OFFICE USE ONLY

Amount Granted _____ -Date _____