



# THERAPEUTIC RIDING INSTITUTE Leg Up SCHOLARSHIP APPLICATION

*Our organization is primarily funded through our wonderful donors. TRI's lesson fees are less than half of the actual cost of providing a lesson. This subsidized rate is an effort to make the benefits of equine-related activities as affordable as possible to everyone. Scholarships are intended to be a Leg Up, participants are expected to contribute to their own lesson fees and/or to seek third party funding. Students who still cannot cover the full cost of programming, may apply for a Leg Up Scholarship to assist them.*

*Decisions are based on a combination of factors including financial need, anticipated benefits to the rider, the commitment to attending registered lessons, and available scholarship funds. However, preference is given to those who demonstrate financial need &/or circumstances that hinder their participation without financial assistance.*

*Scholarships are awarded by session to assist in the cost of lesson fees for eligible TRI programs. Scholarship monies awarded will not be refunded, credited towards student's financial responsibility, or carried over into the next session.*

*Applications will be processed only after all information is submitted and application is filled out completely.*

## DEMOGRAPHICS

Student Name \_\_\_\_\_ Program Enrolled in \_\_\_\_\_

Is this student \_\_\_\_\_ Under 18 \_\_\_\_\_ Over 18, but a Legal Dependent \_\_\_\_\_ Independent Adult

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

## FUNDING RESOURCES

Have you applied for Third Party Assistance for these lessons? Y or N

If yes, what organization and how much were you awarded? ([see triohio.org/scholarship-resources](http://triohio.org/scholarship-resources))

\_\_\_\_\_

## HOUSEHOLD INFORMATION (tax return may be requested)

\$ \_\_\_\_\_ Total monthly income\* (Household) \$ \_\_\_\_\_ Total Monthly Expenses

\$ \_\_\_\_\_ Total yearly income\* (Household) \*Include all sources of income such as Federal and State Assistance, Alimony, Child Support, Wages, etc....

# of Dependents in Household \_\_\_\_\_ Does this participant live with both parents? Y or N Is in a group home? Y or N

How much can you afford to pay for Equine Assisted Services? \$ \_\_\_\_\_ Per session

## NEED for ASSISTANCE

Please include a statement of need, financial hardship or circumstances that demonstrate why a scholarship is needed for the applicant to participate at TRI?

\_\_\_\_\_

What benefits do you see in participating in therapeutic riding? \_\_\_\_\_

\_\_\_\_\_

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify TRI within 30 days. If I submit false or inaccurate information or fail to notify TRI of changes within 30 days, I may be terminated from the program.

Signature of Applicant or Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Approval could take up to 30 days**

**Please Submit Application to:**

TRI Program Director via email: [Singersoll@TRIOhio.org](mailto:Singersoll@TRIOhio.org)

Or Mail:

TRI, 3960 Middle Run Road, Spring Valley, OH 45370

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FOR OFFICE USE ONLY

Staff receiving \_\_\_\_\_ Date \_\_\_\_\_

TRI Scholarship Session Applied For \_\_\_\_\_ Session Amount Awarded \$ \_\_\_\_\_

New applicant \_\_\_\_\_ Renewal \_\_\_\_\_

PD Recommendation \_\_\_\_\_

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FINANCE COMMITTEE

Scholarship Awarded Y or N Amount: \$ \_\_\_\_\_

If denied, reason: Awarded Previously \_\_\_\_\_ Insufficient Funds \_\_\_\_\_ Incomplete Application

\_\_\_\_\_ \*\*Request Income Tax Forms \_\_\_\_\_ Date Requested \_\_\_\_\_

STUDENT INFORMED DECISION

Date \_\_\_\_\_ Who \_\_\_\_\_

Email \_\_\_\_\_ Called \_\_\_\_\_ Mailed Letter \_\_\_\_\_