



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 a 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. **A new tuition assistance form must be completed for each riding session.**

Tuition for all 2023 sessions is \$350 per session.

___ I would like to apply for tuition assistance to participate in the Heroes on Horseback 2023 Session(s). I am applying for \$_____ in tuition assistance (maximum \$350.)

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 and space is available. APPLICANT SIGNATURE: _____		DATE: _____

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