



RideAbility Therapeutic Riding Center Inc.
2551 Pats Road Clover, S.C. 29710
803-222-6008

Tuition Assistance Application 2026

REQUIRED DOCUMENTS TO BE SUBMITTED WITH APPLICATION

*** PLEASE NOTE THAT YOU CANNOT MAKE MORE THAN \$50,000 A YEAR
COMBINED HOUSEHOLD INCOME TO BE CONSIDERED ELIGIBLE. ***

*****Please identify below other financial obligations you may have that should be considered with this Program***

If you have submitted previously with no changes fill out application with updated tax return and return for committee review

Must submit highlighted information to be awarded T.A. P. for NEW APPLICANTS

Copy of Drivers License/Proof of Residency

Social Security number

Current pay stub

1 year current 1040 Tax Return

Medicaid Card

Self Employed: Current year 1040 and 1120 returns

1 month current bank statements on all accounts

Recommendation letter from Doctor-Physician statement in rider initial package

If you are filling out this form as a legal guardian please provide legal documentation

An underlying mission of RideAbility Therapeutic Riding, Inc. is to make its services available to all participants whose application for registration is accepted. RideAbility is able to fulfill this mission through the generosity of our supporters, and the administration of a scholarship program based strictly on need. While we would like to continue to provide scholarships to all who qualify, with the changes in the economy we are having to spread more limited resources over a great number of participants.

It is the policy of RideAbility Therapeutic Riding Center Inc., ***based on funds availability***, that a qualified rider should not be prevented from riding because of their inability to pay. However, riders are encouraged to pay for our services without creating extensive hardship. All information provided will be considered confidential. Tuition Assistance is granted on a first come -first serve basis. A new tuition assistance form **must** be completed for each riding series.

APPLICATION FOR SCHOLARSHIP

New Participants - Individuals applying to participate in a RideAbility program may request a *Scholarship Application* and submit it with their application for participation. Scholarships are awarded only after the individual has been scheduled into a RideAbility program.

Current Participants – All scholarship requests must be updated yearly. Updated review of your Scholarship needs and Application are due yearly.

*****Failure to submit necessary documentation will lead to denial*****

AWARDING OF SCHOLARSHIPS

All information provided on the *Scholarship Application* is kept in strict confidence. The Scholarship Committee will review ^t. The Scholarship Committee reviews the applications and may find it necessary to request additional information.

Scholarship awards will be based upon both the applicants' need and the amount of scholarship funds available for the year. Scholarships are awarded in the form of credit toward the tuition for scheduled services; the participant is notified of this award in writing. Consistent communication and attendance is required to continue to receive scholarship support throughout the fiscal year. I understand that when Tuition Assistance is available it is granted for 1 session with the opportunity for renewal if the need continues.

Name _____ Name of client: _____

Address _____ Phone _____

Email _____

Number of Dependents in Household: Adults _____ Children _____

Occupation _____

Applicant Annual Earned Income Category (Check One):

1) <\$11,770 -< \$24,250 Individual ___ Family___ 2) \$24,251 < \$33,465 Individual ___ Family_____

3) \$33,470< \$49,999 - Individual _____ Family _____

2) Social Security or SSI amount _____

3) Child Support _____

4) Other _____

Medicaid Yes or No (circle) **If yes please attach a copy of your card.**

Food Stamps Yes or No (circle)

List other people dependent upon your income (e.g., parents):

Please identify below other financial obligations you may have that should be considered with this Scholarship Application. In addition, if there are other factors you feel might affect consideration of this application, please explain them.

Is there a family member that can help you with lesson payment or a corporate sponsorship? Y or N

10-12 week series \$440-\$480 and including initial screening Re-evaluations

Level of Scholarship Aid requested: 25% ___ 50% ___ 100% ___

Tax returns will be reviewed to for approval.

There are many families in need of assistance and we want to be able to help everyone.

I am able to pay \$5 \$10 \$15 towards each lesson Please circle

Signed: _____ Date _____

Prior scholarship award if applicable amount \$ _____

Other comments _____

Scholarship Committee Approval: _____ Amount: _____ Date: _____

Volunteers play a major role in our organization's success. Your involvement is encouraged. Please check how you will be willing to volunteer.

- Work on fundraising
- Lessons/barn

Can you offer any hours to volunteer? If so how many per month? _____

I DECLARE THAT THE INFORMATION CONTAINED IN THIS FORM, TO THE BEST OF MY KNOWLEDGE, IS CORRECT AND COMPLETE. I UNDERSTAND THAT ANY GRANT AWARDED WILL BE REVOKED IN THE EVENT OF A MISREPRESENTATION OR MY FAILURE TO FOLLOW ALL THE TERMS AS AGREED UPON IN THE FINAL OFFER. I FURTHER UNDERSTAND THAT, IF THE GRANT IS REVOKED AND SERVICES HAVE ALREADY BEEN RENDERED, THE FULL AMOUNT OF FEES WILL BE MY RESPONSIBILITY.

24 hour is mandatory. You will be charged a regular session fee.

Sickness and unavoidable situations can be discussed.

Applicants signature _____ Date _____

For office use only:

Denied (D) or Granted (G) _____ Signature RideAbility Director _____ Date _____

24 hours notice to cancel a lesson is mandatory.

Please call 803-222-6008 to cancel.

