



2011 APPLICATION FOR TUITION ASSISTANCE

If you have multiple children who participate in Ride for Joy you must complete a student application form for each child, but you may complete one application for tuition assistance for both students.

1st Rider's Name: _____ Date of Birth: _____
 2nd Rider's Name: _____ Date of Birth: _____

Amount Requested:
 100% tuition assistance Partial tuition assistance (enter amount) _____

Part I – Information on Parent/Guardian

Parent/Legal Guardian: _____
 Address: _____
 Phone: () _____ Alternate #: () _____ Email: _____
 Spouse's Name: _____
 Spouse's Address (if different from above): _____
 Phone: () _____ Alternate #: () _____ Email: _____
 Student resides with: Both Parents Mother Father Guardian Other
 Number of Children Living at Home: _____ Ages: _____

Do you have more than one person living at home that has a disability? Yes No

Part II – Financial Resources

Please indicate how much money you receive each month from each of these sources. You must also submit proof of income for each of these sources, such as W-2 or Tax Return.

Type of income	\$ Amount	Type of Income	\$ Amount
Wages		Welfare	
Alimony/Maintenance		Pension/Retirement	
Spousal Support		Disability	
Child Support		VA Benefits	
Unemployment		Savings	
Social Security		General Assistance	
Medicaid		Insurance Benefits	
DSHS Respite/DDD		Other: _____	

TOTAL MONTHLY INCOME: \$ _____

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Part III – Narrative

1. In what other types of activities and therapy does the student participate and how often?
2. How does therapeutic riding benefit your child? What does he/she find most enjoyable about therapeutic riding?
3. Please list any unusual circumstances (debts, illness, etc.) that are contributing to your need for assistance.
4. Would you be willing to volunteer to help Ride for Joy in some way, such as helping with organization of fundraising events, etc.? If yes, please describe how you could help.
5. Additional comments:

Part IV – Submission Check List and Signature

- All parts of this form must be completed in full
- Attach your most recent proof of income (W-2 or tax return)
- Be sure to sign and date below

I certify that the information provided in this application is complete and correct to the best of my knowledge. I understand that all tuition assistance will be granted at the sole and absolute discretion of the Ride for Joy Therapeutic Riding Program.

Signature

Date

Send completed application with attachments to:

Ride for Joy

P.O. Box 140295

Boise, Idaho 83714

Ride for Joy Therapeutic Riding Program
2010 Application for Tuition Assistance

Created: 1/11/10

Revised: 11/18/10