



TROT
Therapeutic Riding Of Tri-Cities

Path to Success Financial Assistance

Date: ___/___/___ Classes (circle one): Horses 101 Horses 102 3H
Dates (circle one): 3/11-4/1 4/8-4/29 3/16-4/6 4/13-5/4 3/16-4/6 4/13-5/4

Participant's Name: _____ DOB: ___/___/___ Age: _____

Percentage of Scholarship Requested: _____ 25% _____ 50% (one scholarship per participant)
If you are unable to pay the discounted tuition, please contact our Family Coordinator at 509-412-0112 for additional information.

Parent/Guardian/Caregiver Name: _____

Participant's Resides With: ___ Mother ___ Father ___ Both Parents ___ Guardian ___ Self

Number of Children: _____ (include all children *temporarily* away from home) Number Living at Home: _____

What is your monthly gross income amount? \$ _____

Do you receive assistance for the participant from any of the following sources? (Please indicate amount)

Social Security	\$	VA Benefits	\$
General Assistance	\$	Insurance Benefits	\$
DSHS Respite Care/DDD	\$	Disability Payments	\$
Medicaid	\$	Other	\$

Please list any circumstances (debts, illness, etc.) that contribute to your need for financial assistance?

In what other types of activities does the participant participate and how often?

Activity/Therapy	Method of Payment	Frequency of Participation
Example: Therapy	Example: Insurance	Example: Once week

If chosen as a scholarship recipient, you agreed to participate in a minimum of two fundraising events or public awareness events to benefit the TROT program.

I certify that the information provided in this application is correct to the best of my knowledge. **I understand that I must let TROT staff know if there are any changes in these circumstances during the current year.**

By signing below, I understand and accept the terms and conditions:

Parent/Guardian/Caregiver/Independent Participant's Signature

Date