



TROT
Therapeutic Riding Of Tri-Cities

Financial Assistance - Marty Lacy Scholarship

Date: ____/____/____

Session (circle one): SPRING

FALL

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

Scholarship Requested: ____ 50% (one scholarship per participant per year)

TROT will grant 50% scholarships to riders who apply and are eligible to receive the monies until the fund has been depleted. Recipients of rider scholarship funding may be asked to volunteer in a minimum of one fundraising event or public awareness event that benefits and promotes the TROT programs.

If you are unable to pay the discounted tuition, please contact our Program Coordinator at (509) 412-0112 for additional information.

Have you applied for financial assistance through: Lifespan/PAVE Respite Washington www.lifespanrespitewa.org YES NO
Ben's Fund www.bensfund.org YES NO

Parent/Guardian/Caregiver Name: _____

Number of dependents: ____ Number Living in the Home: ____

Which types of aid are you currently eligible for:

Check all that apply

Food Stamps	
Free/Reduced School Lunch	
DSHS approved benefits	
Medicaid	
Other:	

Are there any pertinent circumstances that contribute to your need for financial assistance that we should be aware of?

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.**

Parent/Guardian/Caregiver/Independent Participant's Signature

Date

TROT Staff Approval Signature

Date