Financial Assistance

Date: ____/____/____ Session (circle one): SPRING S1 S2 S3 FALL S1 S2

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

Percentage of Scholarship Requested: _____ 25% _____ 50% (one scholarship per rider)
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: _____

Rider'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 rider 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 rider 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 Rider's Signature Date

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