



FULL CIRCLE FARM
THERAPEUTIC HORSEMANSHIP

For office use only
Date Approved: _____
Date Denied: _____

Ridership Application

Full Circle Farm Therapeutic Horsemanship provides assistance to students who would not be able to participate in the riding program without aid based on their available funds. All information on the application is kept in strict confidence.

Applications must be renewed and reviewed every 6 months. Final determination of assistance awards will be based solely on the demonstrated financial needs of the applicant by the scholarship committee. FCFTH does not discriminate against race, religion gender or sexual orientation.

Name of Applicant: _____
Applicant's Age: _____
Parent/Caregiver/School's Address: _____

Parent/Caregiver's Occupation and Employer _____

Please indicate household annual gross income:

- Less than \$15,000 _____
- Between \$15,000 and \$30,000 _____
- Between \$30,000 and \$50,000 _____
- Between \$50,000 and \$70,000 _____
- Between \$70,000 and \$100,000 _____
- Over \$100,000 _____

Number of people residing in household that are dependent on this income: _____

Please list any other financial assistance received for this child (child support, government, agency or school):

Please list any unreimbursed medical expenses you have:

Please note any other extenuating circumstances that you feel are important for FCFTH to know:

Applicant's E-mail Address: _____

Applicant's Address: _____

Applicant's Phone Number: (____) _____

The full fee for a therapeutic lesson is \$50.00. FCFTH asks that all participants pay at least 50% of the fee.

I am able to pay the following toward the Therapeutic Horsemanship fee: _____

I am applying for assistance for the next 6 months: _____

I have received assistance in the past from FCFTH: Yes _____ No _____

I am willing to help with fundraising efforts in the future: Yes _____ No _____

Signature: _____ Date: _____

Please make sure the form is complete before submitting.