



## **K.M. SCHOLARSHIP**

While therapy is traditionally paid for by insurance, adaptive riding is not. Because of this, we have made it a priority to keep our programs as affordable as possible to all those that have a desire to participate. Currently, our clients pay up to 23% of the actual cost of lessons when they submit their session fees (this is factored into the annual tuition rates). We understand that for some these tuition rates are still difficult to pay; thanks to the financial support from our generous partners, Strides Therapeutic Horsemanship Center is now able to offer scholarships to those who require a little more assistance.

Recipients of the K.M. Scholarship will be awarded up to 75% off their tuition\* for one (1) group session or (1) semi-private session. No more than three (3) recipients will be awarded per session (e.g. session 1, session 2, session 3, etc).

Although income level is the primary criterion for receiving one of the K.M. Scholarships, the Strides Board of Directors will weigh extenuating circumstances such as substantial medical expenses, additional disabled family members, and children attending college into account when reviewing your application.

We invite you to submit your application. If you have any questions regarding the scholarship application process, please email: [Hello@StridesTC.org](mailto>Hello@StridesTC.org).

**All applications must be mailed to:**

Strides Therapeutic Horsemanship Center  
%: Board of Directors  
5426 N Rd 68 Suite D #204, Pasco, WA 99301

Or scan and email a copy to [Hello@StridesTC.org](mailto>Hello@StridesTC.org).

**\* Annual Tuition Fees\***

Please go to [StridesTC.org](http://StridesTC.org) to observe current tuition fees.

NOTE: while filling out your application, please PRINT clearly with a pen.



# K.M. SCHOLARSHIP

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participant's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*first last*

**Please list Riding Session Desired:**

1st choice: \_\_\_\_\_ 3rd choice: \_\_\_\_\_  
 2nd choice: \_\_\_\_\_ 4th choice: \_\_\_\_\_

*Session dates can be found at StridesTC.org.*

**Participant's Legal Guardian:**

Name (first & last): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
*Street City State Zip*

Occupation: \_\_\_\_\_

Employed by: \_\_\_\_\_ Number of years employed: \_\_\_\_\_

Participant resides with: \_\_\_\_\_ Number of dependents in family: \_\_\_\_\_

**Total annual household income (including father, mother, step-parent, guardian, other):**

- \$0 - \$25,000                       \$46,000 - \$65,000                       \$86,000 - \$125,000
- \$26,000 - \$45,000                       \$66,000 - \$85,000                       > \$125,000

**Please indicate the amount of financial assistance the participant receives from any of the following sources:**

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

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**What percentage of the current tuition rates can your household afford?**

Please check one box:       25%       50%       75%

**List all other activities and / or therapies that the participant is currently registered in:**

Activity / Therapy	Method of Payment	Frequency of Participation
<i>Example: occupational therapy</i>	<i>Example: insurance</i>	<i>Example: 1 time per week</i>

Please list any medical diagnoses the participant has:

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Please list and explain additional circumstances (debts, illness, etc.) you would like the Strides Board of Directors to consider when reviewing your application:

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How would this scholarship impact your family if awarded? Feel free to attach an additional letter if more space is needed.

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*I certify that the information provided in this application is correct to the best of my knowledge. I understand that I am required to inform the Strides Therapeutic Horsemanship Center Board of Directors if there are any changes in these circumstances during the awarded year.*

*If I receive a scholarship, Strides will provide up to 75 percent of my current tuition for one group or semi-private session in the year that the scholarship was awarded. If the participant named on this application cannot attend their scheduled riding lesson, I am required to notify Strides as soon as possible, preferably 24 hours in advance of the lesson. If there are two (2) no-shows (i.e. Strides is not notified in advance of a rider's absence) during the awarded session period, the scholarship will be canceled.*

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

\_\_\_\_\_  
*Parent / Guardian / Participant's Signature*

\_\_\_\_\_  
*Date*

***For use by Strides Therapeutic Horsemanship Center Board of Directors***

*Date received:* \_\_\_\_\_ *Approved:* YES NO

*Approved amount:* \_\_\_\_\_

***BOARD PRESIDENT SIGNATURE:*** \_\_\_\_\_

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