



Tuition Discount Request

Special Equestrians, Inc. will make every effort to provide services to all participants whose application is accepted. We are only able to do so through fund raising events and the generosity of our supporters, sponsors and grantors. Tuition covers just a fraction of the cost of providing services. While we would like to continue to provide discounts to all who qualify, we find that resources are limited and ask that all participants pay as much as they are able.

All applications must be submitted by February 15th and will remain in place for the current year. A newly completed Tuition Discount Application will need to be completed annually by February 15th. Applicants will be notified of the outcome by February 28th of each year.

- All information provided on the application will be kept strictly confidential.
- All applications will be reviewed and funds will be distributed on the basis of need, number of requests and available funds. In addition to family income, additional factors will be considered, such as number of dependents in the household and extraordinary medical expenses or circumstances.
- Participants who receive tuition assistance and have more than 1 “no-show”(no notification given for missing a class) will be subject to forfeiting the current term discount and becoming ineligible for future assistance.
- If there is a change in income during the year, please notify the office in writing at the address below.
- We realize that special circumstances come about throughout the year and we will make accommodations if necessary.

If you have any questions regarding the process or your eligibility, please feel free to give us a call.

Tuition Discount Application



Date _____

Participant Name _____

Address _____ City _____ State _____ Zip _____

Activity: Therapeutic Riding Horseabilities Hippotherapy

Type of Discount: One Time Request Ongoing

Amount of tuition discount requested: 25% 50% 75% 100%

Mother's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Annual Income _____ Occupation _____ Employer _____

Employer Address _____ Phone _____

Father's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Annual Income _____ Occupation _____ Employer _____

Employer Address _____ Phone _____

Total Annual Earned Income Category (select one)

Less than \$15,000 \$15,000 - \$25,000 \$25,000 - \$50,000 Over \$50,000

Additional aid or support other than earned income: _____

Number of Dependents in Household: Adults _____ Children _____

Primary Residence: _____ Monthly Payment _____ Owned Financed Rented

Additional Property: _____ Monthly Payment _____ Owned Financed Rented

Vehicles: Year: _____ Make/Model: _____ Monthly Payment: _____ Owned Financed Rented

Year: _____ Make/Model: _____ Monthly Payment: _____ Owned Financed Rented

Please identify other financial obligations or factors that should be considered with this application (may attach additional sheets):

I, THE PARTICIPANT, PARENT OR LEGAL GUARDIAN CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, COMPLETE AND ACCURATE.

Signature & Relationship to Participant

Date

Approved by:
Special Equestrians, Inc.

Its:

Date