



Financial Assistance Form

Date: _____

Information requested below applies to Parent/Guardian or Adult Rider.

Name _____ Phone: Home _____ Work _____

Spouse _____ Phone: Home _____ Work _____

Address _____ City _____ Zip _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number of children _____ Ages _____ # of people living at home _____

Rider resides with: Mother _____ Father _____ Both Parents _____ Guardian _____ Self _____

Riding Unlimited provides riding lessons in the form of one hour per rider per week. To allay a small portion of the costs involved, we designate a tuition fee per session. We offer assistance to those who cannot afford to pay the fee, but our resources are very limited. In order to accommodate students who need financial assistance, we ask that you make a partial payment that is affordable. This payment may be divided throughout the session. You are required to volunteer a portion of your time to service with Riding Unlimited if you receive aid.

Financial assistance is an obligation on the part of the student and his family and we expect the terms agreed to herein will be fulfilled. In addition, the student is expected to attend classes regularly and provide notice of absences. Financial support will not be continued for those who have an excessive number of unexcused absences.

- Will you be able to make a partial payment? _____
- If yes, how much will you be able to pay? _____
- Please describe your proposed payment schedule: _____
- Please check one: (how you wish to volunteer)
 - Volunteer weekly in class
 - Work on at least one fundraiser
 - Barn work or ranch maintenance (carpentry, electrical, plumbing, mechanical, etc)
 - Other (specify) _____

Please return this form & appropriate documentation to: Riding Unlimited, Inc.
(Financial assistance will not be granted without appropriate documentation) **Executive Committee**
9168 T. N. Skiles Rd.
Ponder, TX 76259

**RIDING UNLIMITED, INC.
SLIDING SCALE CRITERIA**

The following criteria will be used as a basis for financial assistance considerations:

- A. The maximum amount of scholarship that will be awarded is based on the following income levels with additional consideration for mitigating factors:

Family Size	Income	Rider Pays	Income	Rider Pays	Income	Rider Pays	Income	Rider Pays	Income	Rider Pays
1	0 – 13,950	- 0 -	13,951 – 23,299	25%	23,301 – 30,250	50%	30,251 – 37,250	75%	37,251 +	100%
2	0 - 15,950	- 0 -	15,951 – 26,600	25%	26,601 – 34,600	50%	34,601 – 42,550	75%	42,551 +	100%
3	0 – 17,950	- 0 -	17,951 – 29,950	25%	29,951 – 38,900	50%	38,901 – 47,900	75%	47,901 +	100%
4	0 – 19,950	- 0 -	19,951 – 33,250	25%	33,251 – 43,250	50%	43,251 – 53,200	75%	53,201 +	100%
5	0 – 21,550	- 0 -	21,551 – 35,900	25%	35,901 – 46,700	50%	46,701 – 57,450	75%	57,451 +	100%
6	0 – 23,150	- 0 -	23,151 – 38,550	25%	38,551 – 50,150	50%	50,151 – 61,700	75%	61,701 +	100%
7	0 – 24,750	- 0 -	24,751 – 41,250	25%	41,251 – 53,600	50%	53,601 – 65,950	75%	65,951 +	100%
8	0 – 26,350	- 0 -	26,351 – 43,900	25%	43,901 – 57,050	50%	57,051 – 70,200	75%	70,200 +	100%

- B. **Mitigating factors** which could impact the sum granted include but are not limited to the following: more than one disabled family member, single parent family, or unusual medical needs.
- C. Financial assistance is awarded for only the current session and does not carry over from one session to another. The renewal process requires that the returning rider submit a signed verification form with information pertaining to any changes in household income, i.e. whether it has increased, decreased or remained the same since the last session. Backup documentation for this information may be in the form of a current paycheck stub. The applicant will be required to submit a copy of latest personal tax return filed with the IRS or SSI documentation on an annual basis. Once a year, files will be reviewed for current documentation on all current recipients.
- D. Application deadlines will be strictly enforced for consideration.
- E. **Appropriate documentation includes:**
1. Latest filed IRS personal tax return
 2. A current paycheck stub indicating gross wages, FIT and FICA withholding and net wages for each parent of the adult rider and spouse.
 3. Documentation of SSI received from the government in the current year.
- F. All information is held in the strictest confidence.

FINANCIAL INFORMATION—the following information is required for financial aid.

Please list the amount received from each of the following sources for all that apply:
Mark N/A for any that do not apply to you.

What is your present amount of total monthly income and/or assistance? _____

Wages	Alimony/Spousal Support (income)
Interest from Savings	Welfare/General Assistance
Social Security Benefits	Pension/Retirement
VA Benefits	Insurance Benefits
Medicaid	Respite Care
Unemployment Benefits	Disability Payments/Workers' Comp
Child Support (Income)	Other
Spousal Support	Total Income:

Please attach a copy of your most recent income tax return and any W-2's

ADDITIONAL INFORMATION

1. In what other types of activities and therapy does this rider participate and how often?

2. Please list any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance. _____

3. Any Additional Comments: _____

I certify that the information provided in this application is correct to the best of my knowledge.

Signature

Date

For Official Use Only

Amount Granted: _____ **Date:** _____ **Initial:** _____