



Faith Equestrian Therapeutic Center  
(912) 728-3728 / (912) 655-1480

## Faith Equestrian Tuition Assistance Application

All information provided on the Tuition Assistance Application is kept in strict confidence. Applications will be approved and reviewed as needed by the Board of Directors. The application must be filled out in full for consideration by the committee.

\*Please note: Additional information may be required as needed.

Tuition Assistance will be based upon both the applicants' need, dedication to Faith Equestrian and the amount of scholarship funds available at that time. Tuition Assistance is awarded in the form of credit toward the tuition for scheduled services. The participant will be notified of the award in writing. Consistent communication and attendance is required to continue to receive scholarship support through the session and year of which it is granted. Tuition Assistance must be reapplied for at the beginning of each calendar year.

Date: \_\_\_\_\_

Participants Name: \_\_\_\_\_

Participants Birth Date: \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Applicants Phone: \_\_\_\_\_

Applicants Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact E-Mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Fathers Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_



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Are you a one or two family income household?

One                      Two

Please list amount per year of any aid or support you receive other than earned income:

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Annual Earned Income Category (Select One):

- 0-\$9,999
- \$10,000-\$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 and above

Number of Dependents in Household (Adults): \_\_\_\_\_

Number of Dependents in Household (Children): \_\_\_\_\_

Please provide any additional information you think we would need to make this decision including why you would like to ride at Faith Equestrian Therapeutic Center: \_\_\_\_\_

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Percent Assistance Requested:

25%    50%    75%    100%