



North Carolina Therapeutic Riding Center
4705 Nicks Road, Mebane, NC 27302
919-304-1009 www.nctrcriders.org



Dear Financial Assistance Applicant:

Thank you for your interest in our program. Financial assistance for therapeutic riding classes and hippotherapy sessions is available to individuals based upon their ability to pay for those programs *and* availability of funds at the time of application. Ability to pay will be determined by income level as well as other contributing factors, including high medical costs. Availability of funds will depend on the number of individuals requesting financial assistance each session in relation to funds raised annually for this purpose. These funds are raised through the hard work and generosity of NCTRC staff, volunteers, riders' families and supporters, and we have an obligation to those contributors to use their dollars wisely and with accountability.

To be considered for financial assistance, please return the accompanying Application for Financial Assistance to our Program Director, Audrey Ganitopoulos:

NCTRC Program Director
4705 Nicks Road
Mebane, NC 27302

Requests for financial assistance will be kept strictly confidential. You will be contacted in a timely manner with regard to the availability and amount of financial assistance for the upcoming riding session. The Board of Directors will have final authority to approve or deny a request for financial assistance.

Sincerely,

Lara Katz

Chair
NCTRC Board of Directors



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Financial Assistance Application

New Application or renewal? New Renewal

Name of Applicant: _____

Address: _____

Phone (Home): _____ (Work): _____

Name of Rider/Client: _____

(If different from applicant)

Age of Rider/Client: _____

Diagnosis: _____

Is rider/client receiving other financial aid? Yes No

What is the source of that aid? _____

How many members in your household? _____

Are there other special needs members in the household? Yes No

If yes, how many? _____

Describe any special financial circumstances that affect your ability to pay the program fees:

Please attach a copy of the pages 1 & 2 of your most recent tax form. Please darken out your SSN for your protection.

I hereby certify that the information given above is true, accurate, and complete to the best of my knowledge. I am aware that if any of the information I have provided is incorrect that my financial assistance may be terminated. I understand that submitting this application does not guarantee an award of financial assistance.

Signature: _____ Date: _____

Relationship to Rider/Client: _____

Revised 11/6/09