

RIVER VALLEY RIDERS FINANCIAL AID PROGRAM GUIDELINES



RIVER VALLEY RIDERS
EQUINE-ASSISTED SERVICES

1. RVR offers partial financial assistance in an effort to make equine-assisted services available to all participants who would benefit from the program. Financial aid is granted based on financial need.
2. Final determination of the financial aid award is based on the funds available at that time. The amount available may vary from session to session.
3. The Financial Aid Application form must be completed by the payment due date for the session for which it is requested. All requested information must be provided. Any incomplete or late forms may not be considered for that session. All information is kept confidential.
4. RVR financial aid may not be used to replace or supplement any other funds available to the participant such as CADI waivers. Financial aid is to be given only when no other sources of funding are available.
5. Please be sure to indicate how much financial aid you are requesting by writing the amount in the space provided. **The maximum amount of financial aid is \$25.00 per lesson.** The remaining participant fee for the session is required to be paid by the payment due date.
6. Financial aid funding will be revoked for more than one unexcused absence (missing a lesson without prior notification to the instructor team).
7. Return Financial Aid Application to:
River Valley Riders
8362 Tamarack Village
Suite 119-440
Woodbury, MN 55125

RIVER VALLEY RIDERS FINANCIAL AID APPLICATION



RIVER VALLEY RIDERS
EQUINE-ASSISTED SERVICES

YEAR: _____

SPRING SUMMER FALL

Participant Name: _____
Date of Birth: _____
Disability: _____
Amount Requesting: \$ _____

Part I (Information requested applies to Parent/Guardian or Independent Participant)

Name: _____

Spouse's Name: _____

Preferred Phone: _____ Home Cell Work

Address: _____

City, State ZIP: _____

Number of children: _____ Ages: _____ Number living at home: _____

Participant resides with: Mother Father Guardian Spouse Self

FINANCIAL RESOURCES – Must be completed to be considered for funding
Provide the participant's FMS/fiscal agent representative or social worker contact information and give permission to discuss funding opportunities available. RVR financial aid may not be used to replace or supplement any other funds available to the participant such as CADI waivers. Financial aid is to be given only when no other sources of funding are available.
Name: _____ Phone: _____
Email Address: _____

*****PLEASE COMPLETE BOTH SIDES*****

RIVER VALLEY RIDERS — FINANCIAL AID APPLICATION

PART II (Applies to Participant)

1. In what other types of activities and therapies does applicant participate and how often?

2. Would the participant or a family member be interested in volunteering to help RVR?
How?

3. How do equine-assisted services benefit you (if independent participant) or your child?
What do you or he/she find most enjoyable about RVR?

4. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for financial assistance:

5. 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: _____

*****PLEASE COMPLETE BOTH SIDES*****