

**North Carolina Therapeutic Riding Center**

4705 Nicks Road, Mebane, NC 27302

919-304-1009 [www.nctrcriders.org](http://www.nctrcriders.org)

Dear Applicant:

Thank you for your interest in our program. For over 35 years, our organization has helped hundreds of families caring for loved ones with special needs. Our aim is to continue to offer tuition assistance for therapeutic riding classes and hippotherapy sessions based upon a family's ability to pay for our programs. Ability to pay is determined by income level and other contributing factors to your family situation. Availability of funds depends on the number of individuals requesting tuition assistance in relationship to the funds raised each year for this purpose. Please know that while families are asked to pay an average of \$35 per class, the true cost is closer to \$100. The difference is raised through fundraising efforts.

Once a completed application is received, the review committee will make recommendations based on financial need, your description of benefits received or anticipated from our programs, and family circumstances. It is very important that we receive complete applications, so if you have questions or would prefer an interview, please contact us at 919.304.1009 or [info@nctrcriders.org](mailto:info@nctrcriders.org).

To be considered for tuition assistance, please return the accompanying Tuition Assistance Application and most recent tax return forms to:

North Carolina Therapeutic Riding Center  
Program Director  
4705 Nicks Road  
Mebane, North Carolina 27302  
919.304.1009 / 919.869.1410 fax

***Requests for tuition assistance will be kept strictly confidential.***

You will be contacted in a timely manner with regard to the availability of tuition assistance for the upcoming program year. The Board of Directors has the final authority to approve or deny each request.

Sincerely,

Frankie Price Stern, Chair  
North Carolina Therapeutic Riding Center  
Board of Directors

Revised 12/9/12

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**Tuition Assistance Application**

New Application or Reapplying? ☐ New ☐ Reapplying

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

1. Please attach a copy of pages 1 & 2 of your most recent tax return. For your protection, please darken out your social security number.
2. Please describe, in detail, the benefits you have received from NCTRC services. If you are a new client, how do you anticipate NCTRC services will benefit you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe, again in detail, any special circumstances your family currently faces that affects your ability to pay program fees.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*Please note: Families are required to apply every program year. Thank you.**

**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 tuition assistance may be terminated. I understand that submitting this application does not guarantee an award of tuition assistance.**

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

Relationship to Rider/Client: \_\_\_\_\_