



4250 N 6 Mile Road
 Casper, WY 82604
 Phone 307-472-7827

P.O. Box 1060
 Evansville, WY 82636
 Fax 307-473-7827

Tuition Assistance Application

Student Name: _____ Date of Birth: _____

Disability: _____

Have you applied before? Yes _____ No _____

* Date of last application submitted _____ [Please Note: Full Application with financials must be submitted annually]
 Has any information changed since last application was submitted? Yes* _____ No _____

* If yes, please fill out current application listing changes below. Thank You.

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

Name _____ Home Phone _____ Work _____

Spouse's Name _____ Home Phone _____ Work _____

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

Address _____ City _____ State _____

Married _____ Single _____ Divorced/Separated _____ Widowed _____

Number of children _____ Ages _____ Number living at home _____

Financial Resources-Must be completed to be considered for funding
What is your present amount of monthly income and/or assistance?
You must enclose a copy of your last income tax return and current paystubs. Please list the amount received from each of the following sources for all that apply:

Alimony/Maintenance	Wages
Savings	Welfare
Social Security	Pension/Retirement
VA Benefits	General Assistance
Medicaid	Insurance Benefits
Unemployment Insurance	DSHS Respite Care/DDD*
Child Support	Disability Payments
Spousal Support	Other

*If you are DDD Eligible, please indicate what type of funding you are eligible for

PLEASE COMPLETE BOTH SIDES

Part II (Applies to student and needs to be completed each time an application is filed)

1 In what other types of activities and therapy does student participate and how often?

2 Have you or are you willing to volunteer at REACH 4A Star Riding Academy? (fundraisers, events)

3 How does therapeutic riding benefit you (if independent student) or your child? What do you or he/she find most enjoyable about therapeutic riding?

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

Any additional comments:

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

Signature

Date

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

For Official Use Only

Amount Granted _____ Date _____

Date Invoiced Scholarship Fund _____ Date & Amount Received _____