



# Lothlorien Therapeutic Riding Center, Inc.

15 Reiter Road  
East Aurora, NY 14052  
(716) 655-1335 www.lothlorientrc.org



NARHA  
North American Riding  
for the Handicapped  
Association

NARHA Premier  
Accredited Center

## 2012 RIDER SCHOLARSHIP REQUIREMENTS

Lothlorien Therapeutic Riding Center, Inc is a non-profit organization. Lothlorien's mission is to *"assist individuals to develop their highest potential through therapeutically based equine activities,"* and our goal is to make this very important recreational outlet and its benefits available to as many students as possible. Fees are necessary to help defray the expense of our program. **Rider fees, however, cover less than half the actual cost of providing a riding lesson. In 2010, the cost of providing services per rider, per session, was more than \$375.00 to participate in a four-week session.** Included in these costs are instructor and administration fees, office expenses, insurance, facility maintenance and most importantly, horse care and adaptive equipment. In setting 2011 tuition fees for a four week session at **\$125** and our six week sessions at **\$185, every rider** in essence receives tuition assistance of more than **\$315.00**, which Lothlorien raises through fundraising, donations and grants. The staff and Board of Directors work diligently to ensure the availability of funds to keep tuition costs as affordable as possible.

In recognition that some riders would still not be able to participate due to financial constraints, or would like to participate in more than one session, Lothlorien also makes direct scholarship funds available towards the \$125 per session rider fee for our four week session and \$185.00 per six week session. Because scholarship funds are limited and there are so many requests for assistance, we ask that you make every effort to contribute your share of the rider fee so there will be enough funds available to the riders that really need assistance. These funds are distributed as equitably as possible, on the basis of need, and awards are dependent upon the number of requests and the amount of funds available. In addition to family income, additional factors that can affect the amount of tuition assistance awarded include having four or more people in the family, having more than one family member with a disability, being a single parent family, or riders having unusual/extraordinary medical needs. Additionally, we encourage riders to participate in several sessions to enhance the benefits and results received through therapeutic riding. For this reason, registration in more than one session is an additional factor considered.

To apply for direct scholarship assistance, the information on the attached form must be completed in its entirety. **Applications must include a copy of the first two pages of your most recent income tax return and W2. If the client is a minor, the return for the legal guardian or responsible party is required.**

Other therapeutic riding centers across the country require adult riders and parents of riders to volunteer at various tasks such as fundraising, barn maintenance, office work and public relations in order to receive financial assistance. Frequently, the number of hours required to volunteer is directly related to the hours of riding time covered by the award. At this time, Lothlorien does not require this but those wishing to do so would be greatly appreciated. Lothlorien requires those applying for scholarships to enclose with their application a brief letter requesting the assistance and specifying the benefits of this therapy to them, or if a minor, their child. Riders receiving scholarship assistance must have a signed photo release and agree to provide Lothlorien with a "Thank you" letter that will be sent to the tuition sponsor at the close of the session. These letters serve to inform the donor about the rider's experience and the physical, emotional or social progress and benefits experienced by the rider as a result of therapeutic riding. The letters may be written by a caregiver if the rider is a minor, but it is very much appreciated when drawings and notes directly from riders are included as well. These personal thank you letters are an important means of conveying to donors how much their gifts accomplish, and how much their support is appreciated. **Those who receive tuition assistance and fail to comply with this request will not be eligible for assistance in the future.**

Please complete the enclosed application and return it with the requested information along with the Rider Registration Form, requested lesson schedule, **and \$50 deposit for each session you are registering for.**

The staff and volunteers at Lothlorien Therapeutic Riding Center, Inc look forward to serving you and your loved one this year!



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## 2012 RIDER SCHOLARSHIP APPLICATION

Rider: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ E-mail: \_\_\_\_\_

School or Institution Attending: \_\_\_\_\_

Rider's Disability: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Rider/Parent/Legal Guardian Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Spouse's Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Responsible Party: \_\_\_\_\_

**Family Income:\*** \_\_\_\_\_ Number in Family: \_\_\_\_\_ Any other family members disabled? \_\_\_\_\_

*\*Please attach tax return & W2*

If yes, please specify details: \_\_\_\_\_

Does your insurance carrier cover Lothlorien's fee? \_\_\_\_\_ Are you eligible to receive any local, state, or

federal funds to assist with therapy or rehabilitation?: \_\_\_\_\_ If yes, from what agency program: \_\_\_\_\_

Amount: \_\_\_\_\_

Please list all other sources of funding to which you have applied, whether or not you have been notified of an award:

\_\_\_\_\_

\_\_\_\_\_

Rider will be attending \_\_\_\_\_ sessions if assistance is received and \_\_\_\_\_ sessions if it is not received.

I am able to pay: \_\_\_\_\_ Tuition Assistance requested: \_\_\_\_\_

**I, the client, parent or legal guardian, agree that I have read and understand the terms outlined in this application and do agree to adhere to all requirements to receive tuition assistance for myself or legal ward.**

\_\_\_\_\_  
Signature of Applicant or Legal Guardian

\_\_\_\_\_  
Date

### For Office Use Only

Date Received: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_ # of Sessions Riding: \_\_\_\_\_ Provided By: \_\_\_\_\_

Rev 1.1

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