

While therapy is traditionally paid for by insurance, adaptive riding is not. Because of this, we have made it a priority to keep our programs as affordable as possible to all those that have a desire to participate. Currently, our clients pay up to 23% of the actual cost of lessons when they submit their session fees (this is factored into the 2021 tuition rates). We understand that for some these tuition rates are still difficult to pay; thanks to the financial support from our generous partners, Strides Therapeutic Horsemanship Center is now able to offer scholarships to those who require a little more assistance.

Strides Therapeutic Horsemanship Center will be offering up to three (3) scholarships to riders in 2021. Recipients of the K.M. Scholarship will be awarded up to 75% off their tuition* for one (1) eight-week group session. Only one recipient will be awarded per riding session (spring, summer, or fall).

Although income level is the primary criterion for receiving one of the K.M. Scholarships, the Strides Board of Directors will weigh extenuating circumstances such as substantial medical expenses, additional disabled family members, and children attending college into account when reviewing your application.

We invite you to submit your application. If you have any questions regarding the scholarship application process, please call 509-492-8000, extension 0.

All applications must be mailed to:

Strides Therapeutic Horsemanship Center %: Board of Directors 5426 N Rd 68 Suite D #204, Pasco, WA 99301

* 2021 Tuition Fees*

8-weeks of Group Lessons: \$270 8-weeks of Private Lessons: \$400 Initial Evaluation: \$50

NOTE: while filling out your application, please PRINT clearly and use a pen.



Date of Application:/	_/					
Participant's Name:			DOB:/			
first	last					
Please list Riding Session De	esired:					
1st choice:		Spring Session:	Apr 12 - J	un 4, 2021		
2nd choice:		Summer Session:	Jun 21 - A	ug 13, 2021		
3rd choice:		Fall Session:	Sept 6 - O	ct 29, 2021		
Participant's Legal Guardia	n:					
Name (first & last):	Phone:					
Address:						
Street		City	State	Zip		
Occupation:						
Employed by:			years employe	ed:		
Participant resides with:		Number of dependents in family:				
Total annual household inco	me (including fath	er, mother, step-parent,	guardian, oth	ier):		
\$0 - \$20,000	\$41,000 - \$60,000 \$81,000 - \$100,000			100,000		
\$21,000 - \$40,000	\$61,000 -	- \$80,000 > \$100,000				
Please indicate the amount following sources:	of financial assist	ance the participant r	receives from	any of the		
Disability Payments	\$	Medicaid	\$			
DSHS Respite Care / DDD	\$	Social Security	\$			
General Assistance	\$	VA Benefits	\$			
Insurance Benefits	\$	Other:	\$			



25% (\$67.50)							
List all other activities and / or therapies that the participant is currently registered in:							
Method of Payment	Frequency of Participation						
Example: insurance	Example: 1 time per week						
the participant has:							
	ss, etc.) you would like the Strides when reviewing your application:						
	Method of Payment Example: insurance the participant has:						



I certify that the information provided in this application is correct to the best of my knowledge. I understand that I am required to inform the Strides Therapeutic Horsemanship Board of Directors if there are any changes in these circumstances during the awarded year.

If I receive a scholarship, Strides will provide up to 75 percent of my current tuition for one eight-week group session in the year that the scholarship was awarded. If the participant named on this application cannot attend his or her scheduled riding lesson, I am required to notify Strides as soon as possible, preferably 24 hours in advance of the riding lesson. If there are two (2) no-shows (i.e. Strides is not notified in advance of a rider's absence) during the eight-week group session the scholarship is in effect, the scholarship will be cancelled.

rent / Guardian / Participant's Signature		Date	
For use by Strides Therapeutic Ho	orsemanship Center B	oard of D)irector
Date received:	Approved:	YES	NO
Dute received.			