



## Tuition Assistance Program (TAP)

Through the generosity of those who value the benefits of equine assisted activities, the Therapeutic Equestrian Center (TEC) is able to offer the Tuition Assistance Program (TAP) to its participants.

TAP is awarded based on financial need, need for service and staff recommendations. **All lessons require a minimum payment.** Eligibility and TAP award amounts are determined on a case by case basis by the TAP Committee. This committee is made up of at least three people: two TEC Board Members (one must be the Board Treasurer) and a current TEC Staff Member.

It is recommended that the recipient of any tuition assistance (or their parent/guardian/family member/designated individual) participate in at least one volunteer activity at TEC within 6 months of tuition assistance award. Volunteer opportunities include, but are not limited to: helping with lessons, barn chores, special projects, fundraisers, and serving on committees.

If you would like to apply for TAP at TEC, please complete the TAP Application Form and return it to TEC, along with verification of you current household income (1040/pay stubs, Social Security/SSI Benefits, etc.), any out of pocket medical bills from the past 12 months, any utility bills for the past 6 months and any other documentation you feel TEC may need. **Your application cannot be considered until all required documentation has been received. All information submitted is kept confidential.**

TEC's mailing address is:

Therapeutic Equestrian Center  
PO Box 1250  
Niles, MI 49120

Participants who receive tuition assistance are required to pay the *minimum payment amount* each week, regardless if they attend or if they cancel. If TEC cancels a class, participants receiving TAP will still have to pay the minimum payment amount due for that week. This amount can be credited to the next riding session.

TEC has 2 types of lessons, Group and Semi-Private. Group lessons have up to 4 riders and the lesson is 1.25 hours long. Semi-Private lessons have two riders and are one hour long. A Semi-Private lesson is shorter as each participant has more of the instructor's time. If a Group lesson does not fill and has only 2-3 riders, the rider will be charged the group rate because TEC could fill the class if more riders register. An Instructor determines how a rider's needs are best met based upon attention span, age, fatigue and behavior needs of the rider, and makes a recommendation on the type of lesson awarded.

Tuition Assistance is awarded for each individual riding sessions, and applicants must reapply each session. However, verification of income and expenses are only required once every 12 months, unless income/expenses change significantly.

If you have questions please call 269-429-0671 or email [info@tecfarm.org](mailto:info@tecfarm.org).

Sincerely,  
*The Therapeutic Equestrian Center*

Revised: July 2011



## Tuition Assistance Program (TAP) Application

Name of participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Number City State Zip

Name of Parent/Legal Guardian (if applicable): \_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

School Attending & Grade/Place of Employment: \_\_\_\_\_

I am applying for \$\_\_\_\_\_ from TAP for the \_\_\_\_\_ Session in 20\_\_\_\_\_

Please describe the interest this participant has with horses and why he/she wishes to participate at TEC. (Please ask the participant to write this if appropriate.)

Please describe the financial need (supply supporting documentation):

Please describe how this participant can benefit from TEC?

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

Any additional comments:

By signing below, I certify that the information provided in this application is correct to the best of my knowledge, and I agree to the TAP guidelines.

\_\_\_\_\_  
Signature (Applicant/Parent/Legal Guardian)

\_\_\_\_\_  
Date

For Office use only:

Staff/Instructor Recommendations/Comments: Group Semi-Private

Approved: \_\_\_\_\_ Denied \_\_\_\_\_ Amount participant to pay per lesson: \$ \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_