



TEC Participant Program Packet

Welcome ...

Thank you for your interest in the riding and participant program at the Therapeutic Equestrian Center (TEC), where our mission is to enhance the lives of people with disabilities through horse-related activities. As a participant of TEC's program, the participant will engage in a variety of horse-related activities; such as, grooming the horse, riding the horse, horse and stall care, and much more. Through these interactions, the participant will experience a positive impact on their physical and emotional wellbeing. Research has shown that interactions with horses can improve physical, cognitive, and mental health for those with disabilities. In addition, the participant has the potential to improve their balance, strength, and self-confidence. They'll also enjoy a sense of accomplishment and experience many **"I Did It!"** moments that would otherwise not be possible.

At TEC, we follow a Code of Conduct for both the participant and TEC staff/volunteers which includes the following:

Participant agrees to ...

- Meet TEC requirements, complete **ALL** paperwork, and read the Rider/Participant Handbook
- Commit to and attend all appointments and sessions. If a conflict arises the participant/parent(s)/legal guardian(s)/caregiver(s), must contact TEC as soon as possible;
- Support TEC's vision and mission;
- Follow the policies, philosophy, and procedures as defined by TEC staff and volunteers;
- Be supportive of the TEC program and its activities at all levels;
- Supply TEC staff/volunteers with any changes in participant's status as they occur; such as, medical condition, medication, insurance, guardianship, etc.;
- Affirm that TEC's program actively seeks members from every race, ethnic, religious, gender identity, sexual orientation, economic circumstances, religion, physical and intellectual abilities, and mental health.
- Abide by the TEC Code of Conduct.
- Adhere to Barn Rules.

TEC staff/volunteer(s) agrees to ...

- Provide the participant with appropriate policies and procedures;
- Provide orientation about the organization, riding/participant program, and participant roles;
- Offer PATH-certified instructors to teach equin- assisted activities and to oversee the participant's experience;
- Offer assistance, program support, and encouragement; and
- Track participant's hours of participation in TEC-related sessions and/or activities.

*Your participation in TEC's Program(s) requires that you read the TEC Participant Program Packet in its entirety and complete **ALL** forms included in the packet.*



Barn Rules at the Jane M. Hiler Facility

Please observe the following Barn Rules, which are designed to ensure a safe and pleasant experience for everyone. In the event they are not being followed, members of the Therapeutic Equestrian Center (TEC) staff and designated volunteers have the authority to take any and all appropriate action to enforce the Barn Rules. Thank you for your cooperation.

- No smoking in the barn.
- Children under the age of 14 must be supervised and accompanied by an adult at all times. All participant siblings must remain with their parents at all times.
- All visitors, participant families, and friends will remain within the designated observation areas.
- No one is allowed to enter any pasture or stall when horses are present without the permission or under the supervision of TEC personnel.
- No one is allowed to enter the tack room without the permission or under the supervision of TEC personnel.
- No one is allowed in or around the machinery or equipment without the permission or under the supervision of TEC personnel.
- Dispose of trash and recycled items in the appropriate receptacles.
- Participants will be permitted in the grooming stalls with the approval of TEC instructors.
- During equine-assisted activities that include Saddle STARS activities, Camp TEC, riding, grooming, and/or ground lessons visitors must remain quiet. Cell phones must be silenced or set to vibrate.
- All participants must wear certified and approved helmets when engaged in horse-related activities.
- Any person mounted on a horse must wear a certified and approved helmet while riding horses.
- Please remove any manure from the arena, aisle, and grooming stalls after a riding session. Return the equipment to the proper storage area.
- Pets are not allowed on the TEC grounds or barn. Certified Service Dogs are allowed.



PLEASE READ CAREFULLY

Participant Evaluation: ALL NEW THERAPEUTIC RIDING PARTICIPANTS are encouraged to attend a 20 to 30-minute evaluation with one of our PATH-certified instructors, which will include an introduction to the horses and horse care. Once **ALL** participant paperwork has been properly submitted, TEC will contact you to schedule a participant evaluation appointment.

PLEASE NOTE: The completion of the participant's evaluation does not guarantee acceptance into the program as participant placement, class availability, safety, and lesson structure must be determined in order to provide a safe and positive experience for all involved.

Scholarship/Financial Aid: Partial scholarships are available on a case-by-case basis through the **TEC Tuition Assistance Program (TAP)**. Complete details about TAP are included in this **Participant Program Packet**.

PLEASE NOTE: You are required to provide documentation of financial need and submit it with your participant application. This includes verification of your 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 six months, and any other documentation you feel may support your need for TAP. All information you provide is kept confidential by TEC. A fee and a minimum of volunteer time will be required based upon financial need and family circumstances.

Scheduling: Space is limited in TEC programs and activities. TEC staff/instructors/volunteers will schedule participants in the most appropriate and beneficial manner. If TEC is unable to schedule all participants, some participants will be required to be placed on a waiting list. New participants must participate in a Rider Evaluation prior to being scheduled for sessions that include therapeutic riding.

Attendance, Cancellation, No-Show & Refund Policy: It is the responsibility of the participant or parent(s)/legal guardian(s)/caregiver(s) to inform TEC of any schedule changes as soon as possible prior to the lesson/activity. Since each participant spot is reserved exclusively for that individual, the participant will not receive a refund for the lesson(s) missed.

However, if a situation arises where TEC needs to cancel a lesson or activity, TEC will contact the participant or parent(s)/legal guardian(s)/caregiver(s) as soon as possible. When TEC cancels a lesson, a credit for the missed lesson will be applied to the participant's account.

Equipment: TEC provides most therapeutic riding equipment; we do have some safety helmets available in various sizes. An instructor can perform a helmet fitting at the rider evaluation meeting. Different brands of helmets fit differently, just like fitting shoes. Your instructor can advise what may fit best. Due to Covid restrictions, we have asked that participants purchase their own helmet. A TEC staff member/instructor can provide more information about where to obtain a helmet. Please advise us if there may be financial constraints that may prohibit the purchase of your safety helmet. Our Tuition Assistance Program (TAP) can be used towards your helmet purchase. Please utilize the TAP forms included in this packet. Also note that other safety helmets (bicycle helmets for example) do not provide the proper protection that a riding helmet provides.

Your participation in TEC's Programs requires that you read the TEC Program Packet in its entirety and complete **ALL** forms included in the packet.



As you complete the participant forms and prepare to submit your application, please use the checklist(s) below to make sure **ALL** necessary documentation is returned to TEC for consideration in our program.

RETURNING Participants MUST Provide:

- Schedule Request & Participant Registration Form
- Participant Medical History & Physician's Statement – Please note a *Physician's Statement is required annually.*
- Review and update (if necessary) the following forms currently on file for the participant. See instructor for access to the forms. Forms must be initialed whether they are the same or updates have been made.

1. Health History	2. Emergency Treatment	3. Release Liability Waiver
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- Renewing TAP Application (*If applicable, must be completed yearly.*)
- TAP Documentation of Financial Need (*If applicable, must be completed yearly.*)

PLEASE NOTE: That participant/parent guardian must verify on a yearly/annual basis that ALL participant information is up to date. This will be done by reviewing the paperwork on file. If everything is still the same, the participant/parent(s)/legal guardian(s) will initial and date each necessary form. If changes need to be made, the participant/parent(s)/legal guardian(s) will make those updates to the necessary forms and initial/date each form.

NEW PARTICIPANTS MUST also Provide:

- Participant Health History
- Participant Authorization for Emergency Treatment
- Participant Release and Liability Waiver
- COVID-19 Liability Waiver
- If financial assistance is being requested – Initial Participant Tuition Assistance form (TAP) and include all supporting documentation.

Participant may provide at any time:

- Participant Profile – Completed by a parent, teacher, therapist, social worker, or other professional vested in the participant's welfare.

ALL forms are to be returned to:

**Lisa Mearing, TEC Riding Coordinator
51244 County Road 665, Paw Paw, MI 49079
or via e-mail to meariment@aol.com**

Any questions regarding the TEC Participant Program can be directed to the Lisa Mearing, TEC Rider Coordinator, at (269) 806-6892, or Autumn Zick, TEC President, at (269) 429-0671.

Your participation in TEC's Programs requires that you read the TEC Participant Program Packet in its entirety and complete **ALL** forms included in the packet.



Schedule Request & Participant Registration Form *(Registration pending evaluation by an instructor)*

Requested Session:
(check all that apply)

- Winter Spring Summer Fall Holiday
 Mane Event (monthly) Camp TEC Veteran Program

Participant Name: _____

Date of Birth: _____ **Age:** _____ **Height:** _____ **Weight:** _____ **Gender:** M F
 Other

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____ **Veteran:** Yes No

Parent(s)/Legal Guardian(s):
(If participant is a minor child or a dependent adult.)

Address:
(If different from the participant.)

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Best way to reach you: Phone *(If by phone, which do you prefer: Home or Cell?)* Text Message E-mail Snail Mail

Is there a Caregiver? Yes No **If yes, name & phone number:** _____

Caregiver's E-mail: _____

Please note () if any information above has changed from your previous registration form. Thank You!*

Diagnosis: _____

Preferred Riding Time: Lesson schedules are subject to change with each session depending on the availability of instructors and volunteers. TEC does its best to place participants according to their ability and most appropriate horse available. *Please check the appropriate box(s) and indicate your **FIRST (1st)** and **SECOND (2nd)** preference for which session the participant would like to participate in.*

- Monday Afternoon/Evening Tuesday Afternoon/Evening Wednesday Afternoon/Evening Thursday Afternoon/Evening Saturday Morning Other By Appointment

Are you registering for: Group Lessons Grooming/Ground Lessons Semi-Private Lessons
 Camp Mane Event Private Lessons

If a group lesson does not fill and has only two or three riders, the rider will be charged the group rate because TEC could fill the class if more riders register. A TEC instructor determines how a participant'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.

Participant WILL NOT be able to participate in the following: Winter Spring Summer Fall Holiday



This form **MUST** be returned to TEC in order to participate in any TEC Program.

Participant Health History

Participant Name: _____

Parent(s)/Legal Guardian(s)/Caregiver: _____

(If participant is a minor child or a dependent adult.)

Health History of Participant:

Diagnosis: _____

Date of Onset: _____

Participant is: Ambulatory Non-Ambulatory Verbal Non-Verbal

Participant uses: Wheelchair Crutches Walker Cane Hearing Aid

SMO's AFO's Sign Language Communication Device

Is there a medical condition, allergy, SEIZURE CONDITION, etc. that may require special precaution and/or treatment? If yes, please describe (use back of page if needed): Yes No

Medications (Please include all prescriptions, over-the-counter, and include name of medicine, dose, and frequency.)

Describe participant's abilities/difficulties in the following areas, and include any assistance and/or equipment that may be needed. Please use backside of paper, if more room is needed.

1. Physical Function (For example, mobility skills such as transfers, walking, wheelchair use, driving/riding a bus, etc.)

2. Psycho/Social Function (For example, work/school including grade completed, leisure interests, relationships, family structure, support systems, animal companion(s), fears/concerns, etc.)

3. Goals (For example, why does the rider/participant want to be in the program? What accomplishment is the rider/participant striving for?)

Additional Comments (Please use the backside if you need more space.):

Participant Signature: _____ Date: _____

Parent(s)/Legal Guardian(s) Signature: _____ Date: _____
(If participant is a minor child or a dependent adult.)

For TEC Use Only:

	Annual Review by Participant or Parent(s)/Legal Guardian			
Year:	2023	2024	2025	2026
Initials:				



This form **MUST** be returned to TEC in order to participate in any TEC Program.

Participant Authorization for Emergency Treatment

No individual can participate in any activity of the Therapeutic Equestrian Center (TEC) until this form has been completed by the participant OR their parent(s)/legal guardian(s), if the participant is a minor child or a dependent adult. You are being asked to complete this form to give an appropriate medical facility permission to treat the participant named below for minor injury or medical problems. In the event of serious injury or illness, you will be contacted; treatment will proceed before contacting you only if the situation is urgent and does not permit delay.

Participant (full name required): _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Gender: M or F
 Other

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Parent(s)/Legal Guardian (s) (full name): _____
(If participant is minor child or a dependent adult.)

Relationship to Participant: _____

Address (If different from the participant.): _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ E-mail: _____

Diagnosis: _____ Date of Onset: _____

Is there a medical condition, allergy, SEIZURE CONDITION, etc. that may require special precaution and/or treatment? If yes, please describe (use back of page if needed): Yes No

Medications (Please include all prescriptions, over-the-counter, and include name of medicine, dose, and frequency.)

Name of PHYSICIAN: _____ Phone Number: _____

Address: _____

Preferred Medical Care Facility: _____

HEALTH INSURANCE PROVIDER (this includes MEDICAID coverage)

Name of Policyholder: _____ Relationship to Participant: _____

Policyholder's Address: _____

Name & Address of Insurance Company
(this includes MEDICAID coverage): _____

Insurance Company or MEDICAID Phone Number: _____ Policy or MEDICAID number: _____

Persons who should be notified in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Participant Signature: _____ Date: _____

Parent(s)/Legal Guardian (s) Signature: _____ Date: _____
(If participant is a minor child or a dependent adult.)

For TEC Use Only:

	Annual Review by Rider/Participant or Parent(s)/Legal Guardian			
Year:	2023	2024	2025	2026
Initials:				



This form **MUST** be completed by the **Participant's Physician** and **MUST** be returned in order to participate in any TEC Program.

Participant Medical History & Physician's Statement (This form **MUST** be completed by participant's Physician.)

Participant: _____ DOB: _____ Height: _____ Weight: _____

Address: _____

Diagnosis: _____ Date of Onset: _____

Past/Prospective Surgeries: _____

Medications: _____

Seizure Type: _____ Controlled: Yes No Date of Last Seizure: _____

Shunt Present: Yes No Date Of Last Revision: _____

Special Precautions/Needs: _____

Mobility: Independent Ambulation Yes No Assisted Ambulation Yes No Wheelchair Yes No

Braces/Assistive Devices Used: _____

* **FOR THOSE WITH DOWN SYNDROME:** An annual medical clearance is required from a licensed physician that includes a Neurological Exam, which specifically denies any symptoms consistent with Atlantoaxial Instability (AAI).

Physician's Signature: _____ Date of Exam: _____ Yes, they can ride! No, they cannot ride!

Please indicate current or past special needs in the following systems/areas, including surgeries:

	Yes	No	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary /Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Harrington Rod			
Other			

Given the above diagnosis and medical information, this person is not medically precluded from participating in equine assisted activities. I understand that the Therapeutic Equestrian Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the Therapeutic Equestrian Center for ongoing evaluation to determine eligibility for participation, and for ongoing participation.

Name/Title: _____ MD DO NP PA Other: _____

Signature: _____ Date: _____

Address: _____

Phone: _____ License/UPIN Number: _____



This form **MAY** be completed by the Participant's Therapist or Teacher **OR** by the participant's parent(s)/legal guardian(s).

Participant Profile

Participant Name: _____

Name of Evaluator: _____ Date: _____

Relationship to Participant (OT/PT/SLP/Teacher, Other): _____

Diagnosis/Disability: _____

Communication/Social Skills:

- Verbal Sign Language Eye Gaze Communication Board/Device Hearing Aid Other

Comment: _____

Behavior/Attitude Description: _____

Behavior Plan: _____

Ambulatory:

- Independent SMO's AFO's Crutches Walker Wheelchair

Physical Evaluation:

Tone: _____ Strength: _____

Posture: _____ Motor Skills: _____

Coordination: _____ Balance: _____

Spatial Awareness: _____ Symmetry: _____

Suggested Activities (exercises to reinforce present therapy or achieve I.E.P. goals):

Future Goals:

Additional Information/Comments (use backside if needed):

For TEC Use Only:

Annual Review by Rider/Participant or Parent(s)/Legal Guardian

Year:	2023	2024	2025	2026
Initials:				



This form **MUST** be returned to TEC in order to participate in any TEC Program.

Participant Release Forms & Liability Waiver

Please initial each section to confirm you have read the stated release and liability waiver. You must also sign this document as well in order for the participant to participate in the TEC Riding & Participant Program.

PARTICIPANT CONSENT, RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____ the participant or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of _____ (participant's name), do hereby consent to and assume the unavoidable risks inherent in all horse-related activities of said participant's partaking in the therapeutic horsemanship program sponsored by Therapeutic Equestrian Center, Inc. at the Jane M. Hiler Facility at 1207 E. Galien-Buchanan Road, Buchanan (MI), and/or other locations of TEC-related activities. I acknowledge and I understand that despite reasonable safety precautions, horsemanship experiences can result in injury and possibly death. I also acknowledge my understanding that there are no assurances that said participant will receive physical or psychological benefits from participation in said program and I understand that the ordinary risks associated with horseback riding are increased by virtue of said participant's disability.

I understand that *UNDER THE MICHIGAN EQUINE ACTIVITY LIABILITY ACT, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITY RESULTING FROM AN INHERENT RISK OF THE EQUINE ACTIVITY.* I also understand that, in the event of any accident that might occur NO LIABILITY can be accepted by any organization concerned, including the Therapeutic Equestrian Center, Inc., its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at the Therapeutic Equestrian Center, Inc., the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, Inc., and further release it from any liability or responsibility for accident, damage, injury, or illness to the Undersigned or to any horse owned by the Undersigned, or to any family member or spectator accompanying the Undersigned on the premises.

For and in consideration of the agreement of Therapeutic Equestrian Center, Inc. to provide equine activities to the aforesaid participant, I do hereby forever release, acquit, discharge, and hold harmless the Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives, and any therapists, volunteers, and other persons associated with said program and the successors and assigns of each of them from all manner of claims, demands, and damages of every kind and nature whatsoever which I or the aforesaid participant may now or in the future have against the Therapeutic Equestrian Center, Inc., its officers, directors, agents, employees, instructors, representatives and any therapists, volunteers and other persons associated with said program, and the successors and assigns of each of them on account of any personal injuries, physical or mental condition, known or unknown, to the person of the aforesaid participant, and the treatment thereof, as a result of, or in any way growing out of the acts or omissions of said parties in connection with said services or in any way incidental thereto.

_____ ***Initial(s) of participant or parent(s)/legal guardian(s) of minor child or dependent adult***



(cont.) Participant Release Forms & Liability Waiver

CONSENT FOR RELEASE OF MEDICAL INFORMATION

I, _____ the participant or I/We, the parent(s)/legal guardian(s) of minor child or dependent adult of _____ (participant's name), hereby authorize _____ (facility, individual, physician, etc.) to release information from the records of the above named participant to the Therapeutic Equestrian Center, Inc., for the purpose of developing a Therapeutic Riding & Participant Program or Hippotherapy Program for the above-named participant. The information to be released is marked below. *(Please make as many copies of this form as necessary for any additional releases needed.)*

- Medical History
- Classroom Individual Education Plan (I. E. P.)
- Speech Therapy evaluation, assessment and program plan
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment, and program plan
- Other: _____

_____ **Initial(s) of participant or parent(s)/legal guardian(s) of minor child or dependent adult**

PHOTO/IMAGE RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Therapeutic Equestrian Center, Inc., permission to take or have taken, still and moving photographs and films including television pictures of myself/son/daughter/ward and/or pictures of parents/guardians/siblings. I consent and authorize the Therapeutic Equestrian Center, Inc., its advertising agencies, news media, and any other persons interested in the Therapeutic Equestrian Center, Inc., and its work, to use and reproduce the photographs, films, and pictures to circulate and publicize the same by all means including without limitation the generality of the foregoing: newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical material. I understand that the Therapeutic Equestrian Center, Inc., is the owner of such photographs or films. With regards to the foregoing material, no inducements or promises have been made to me to secure my signature to this release other than the intention of the Therapeutic Equestrian Center, Inc., to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Therapeutic Equestrian Center, Inc., and its work.

_____ **Initial(s) of participant or parent(s)/legal guardian(s) of minor child or dependent adult**

Your signature below indicates that you have read, understand, and given consent to all segments of this document.

Participant Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Signature: _____ **Date:** _____
(If participant is a minor child or a dependent adult.)

For TEC Use Only:

	Annual Review by Rider/Participant or Parent(s)/Legal Guardian			
Year:	2023	2024	2025	2026
Initials:				



COVID-19 Liability Waiver *Acknowledgment of Risk and Acceptance of Terms*

Participants, Observers/Guests

Policy: All participants/guardians of participants and observers/guests must sign the COVID-19 Acknowledgement of Risk and Acceptance of Terms in order to participate during this COVID-19 pandemic.

I, _____ (Print First & Last Name), am aware of the risk of contracting COVID-19 as a participant or observer/guest, while onsite for activities for TEC at this time of the pandemic outbreak.

I am also aware that face-to-face services increase my risk of contracting and/or passing on the COVID-19 and agree to release any claim I may have as a result of contracting COVID-19 and hold harmless the Therapeutic Equestrian Center, Inc., its employees, and all other individuals I may come in contact with during this interaction from such claims.

I agree to and will follow the TEC Wellness Policy During COVID-19 and all guidelines for personal hygiene, personal safety, and public safety as recommended by the CDC, PATH International, and Berrien County Health Department, Therapeutic Equestrian Center, and my individual provider/practitioner. This includes, but is not limited to, washing my hands prior to, and after, each lesson and the use of hand sanitizer upon request.

I agree to use a mask that covers my nose and mouth when I am unable to consistently maintain 6-foot social distancing from other people, when it is deemed necessary by local/state/federal health agencies. (People who are unable to comply when masks are mandated will be asked to wait to participate in onsite activities until after federal and state guidelines are lifted.)

I agree to notify the Volunteer Coordinator if, within the previous 2 weeks I have personally exhibited or have been in contact with someone who has presented with illness as outlined in the Wellness Policy During COVID-19: cough, sneezing, fever, chest congestion, or additional signs of potential spread of any virus or bacteria/disease. It may be necessary for me to consult my medical provider regarding the risk of my participation in onsite activities at TEC. I will follow the recommendations of my medical provider.

I am signing under my own free will. I have read the TEC Wellness Policy and I agree to follow the guidelines set forth by TEC and hold harmless all individuals associated with or through my participating at TEC.

Print Participant Name: _____ Date: _____

Signature: _____

Print Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Print Observer/Guest: _____ Date: _____

Observer/Guest Signature: _____

Witness Signature: _____ Date: _____



TEC's 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 provides scholarships (full and partial) to participants who otherwise may be unable to afford the cost of TEC's Programs.

TAP is awarded based on financial need, need for service, and staff recommendations. 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. ***A payment of at least half down of the adjusted TAP fee for the session is preferred at first lesson. Payment arrangements are available when the need is shared with TEC's TAP Committee.***

TAP participants follow the same cancellation policy as the other TEC participants. Since each participant spot is reserved exclusively for that individual, the participant will not receive a refund for the lesson(s) missed. However, if a situation arises where TEC needs to cancel a lesson or activity, TEC will contact the participant or parent(s)/legal guardian(s)/caregiver as soon as possible. When TEC cancels a lesson, a credit for the missed lesson will be applied to the participant's account.

TEC has 4 types of riding lessons, including group, semi-private, private, and grooming/ground lessons. Group lessons have up to four riders for 1.25 hours of instruction. Semi-private lessons have 2 riders for 45 minutes. Private lessons are for 1 rider for 30 minutes of instruction. A grooming/ground lesson is 30 minutes. The Mane Event is a once-a-month program with lessons that include no more than 3 participants with 2.5 hours of instruction at each meeting. Camp TEC experiences are held during the summer on 3 consecutive days for 2 3/4 hours per day. Up to 8 campers participate per camp.

It is recommended that the recipient of any tuition assistance (or their parent(s)/legal guardian(s)/family member(s)/designated individual) participate in at least one volunteer activity at TEC within six 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, please complete the TAP Application and return it to TEC, along with verification of your 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 six 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.

Tuition Assistance is awarded on a yearly basis. Applicants must reapply each year and verification of income and expenses are required once every 12 months, unless income/expenses change significantly within those 12 months.

If you have questions about TAP, please contact TEC at (269) 429-0671 or e-mail info@tecfarm.org.

Return TAP Application and ALL required documentation to:

**Lisa Mearing, TEC Riding Coordinator
51244 County Road 665
Paw Paw, MI 49079**

It will be forwarded to the TEC Financial Officer for consideration and processing.



TEC's Tuition Assistance Program (TAP) Application *(All information provided is kept confidential.)*

Participant Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Parent(s)/Legal Guardian: _____

(If participant is a minor child or a dependent adult.)

Address (If different from participant.): _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Best way to reach you: Phone *(If by phone, which do you prefer:* Text Message E-mail Snail Mail
Home or Cell?)

School Attending & Grade or Place of Employment: _____

I am applying for \$ _____ from TAP for the session of:

- Winter Spring Summer Fall Holiday Mane Event Camp TEC

Please describe the interest this participant has with horses and why they wish to participate in TEC's Programs. *(If capable, please have the rider/participant write this response.)*

Please describe the financial need *(copies of supporting documentation is required):*

Please describe how this participant can benefit from TEC's Programs:

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

Include 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.

Participant Signature: _____ **Date:** _____

Parent(s)/Legal Guardian(s) Signature: _____ **Date:** _____
(If participant is a minor child or a dependent adult.)