

## TEC Rider & 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 special needs 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 well-being. Research has shown that interactions with horses can improve physical, cognitive, and mental health for those with special needs. 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, 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, and socioeconomic group; and
- Abide by the TEC Code of Conduct.

### 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 the riding sessions 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 the TEC Rider & Participant Program requires that you read the TEC Rider & Participant Program Packet in its entirety and complete **ALL** forms included in the packet.*



## PLEASE READ CAREFULLY

**Participant Evaluation:** **ALL NEW THERAPEUTIC RIDING PARTICIPANTS** are encouraged to attend a 20 – 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.*

**Payment:** Fees to participate in the TEC program are as follows:

- \$25 per weekly session for group lessons (up to 4 riders). Class duration is 1.25 hours.
  - A \$25 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*
- \$15 per weekly session for grooming and ground lessons. Class duration is 30 minutes.
  - A \$15 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*
- \$35 per weekly session for semi-private lessons (2 riders). Class duration is 45 minutes.
  - A \$35 non-refundable deposit is required for all **NEW** participants and must be submitted with application. *Payment of full balance is preferred at first lesson, but payment arrangements are available.*

**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 Rider & 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 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.

**Attendance, Cancellation, No-Show & Refund Policy:** It is the responsibility of the participant or parent(s)/legal guardian(s)/caregiver 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 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 all therapeutic riding equipment, including safety helmets. However, participants may purchase their own helmet if they desire. A TEC staff member/instructor can provide more information about where to obtain a helmet.

Your participation in the TEC Rider & Participant Program requires that you read the TEC Rider & Participant 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 to participate in the TEC Rider & Participant Program, please use the checklist below to make sure **ALL** necessary documentation is returned to TEC in a timely manner to ensure your participation in the program.

**Forms that *MUST* be completed for all *NEW PARTICIPANTS*:**

- Schedule Request & Participant Registration Form
- Participant Health History
- Participant Authorization for Emergency Treatment
- Participant Medical History & Physician's Statement
- Participant Profile *(Not mandatory but preferred to provide the best programming for the participant.)*
- Participant Release Form & Liability Waiver
- Tuition Assistance Program (TAP) Application *(if applicable)*
- Tuition Assistance Program (TAP) Documentation of Financial Need *(if applicable)*
- Equine Activity Participation Waiver for Stockbridge II, Inc.
- Submit a deposit check with their Schedule Request & Participant Registration Form payable to:  
Therapeutic Equestrian Center

**ALL forms are to be returned to:**

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

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

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



## About TEC

TEC is a 501(c)3 nonprofit organization dedicated to enhancing the lives of people with special needs through horse-related activities. TEC is a place for people of all ages with special needs can participate in therapeutic horseback riding and other equine-related activities. TEC serves individuals in Berrien, Cass, and Van Buren counties.

### **The TEC barn is located at:**

Stockbridge Equestrian Center  
615 N. M-140  
Watervliet, MI 49098

### **TEC Mailing Address:**

PO Box 1250  
Niles, MI 49120

### **Rider Coordinator:**

Lisa Mearing  
Phone: (269) 806-6892  
E-mail: meariment@aol.com

### **Volunteer Coordinator:**

Beth Drollinger  
Phone: (269) 932-5005  
E-mail: beth.drollinger@gmail.com

### **PATH-Certified Riding Instructors:**

Samie Ledyard: (269) 449-4353  
Autumn Zick: (269) 921-4610  
Colleen McNamara: (954) 461-5444

### **General TEC Info & Board Contact:**

Autumn Zick, TEC Board President & PATH Riding Instructor  
Phone: (269) 429-0671  
E-mail: info@tecfarm.org



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

### Schedule Request & Participant Registration Form

**Requested Session:**  Winter  Spring  Summer  Fall  Holiday  
*(check all that apply)*

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender:**  M or  F

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

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

**Caregiver's E-mail:** \_\_\_\_\_

**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 your **FIRST (1<sup>st</sup>)** and **SECOND (2<sup>nd</sup>)** 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  Sunday By Appointment

**Are you registering for:**  Group Lessons  Grooming Lessons  Semi-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:**  Winter  Spring  Summer  Fall  Holiday

**Participant's next session will be:**  Winter  Spring  Summer  Fall  Holiday



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant 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, etc. that may require special precaution and/or treatment?               Yes     No

If yes, please describe:

**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:  
(If participant is a minor child or a dependent adult.) \_\_\_\_\_ Date: \_\_\_\_\_

### For TEC Use Only:

	Annual Review by Participant or Parent(s)/Legal Guardian			
Year:	2017	2018	2019	2020
Initials:				



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant 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

**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, etc. that may require special precaution and/or treatment?**  Yes  No

If yes, please describe:

**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:	2017	2018	2019	2020
Initials:				





This form **MUST** be completed by the **Participant's Physician** and **MUST** be returned in order to participate in the TEC Riding & Participant 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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

## **Participant Release Form & 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 615N. M 140, Watervliet, Michigan, 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, its agents or assigns. In consideration, therefore, for the privilege of riding and/or working around horses at the Therapeutic Equestrian Center, the Undersigned does hereby agree to hold harmless and indemnify Therapeutic Equestrian Center, 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, 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, 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***

### ***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 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
- Other: \_\_\_\_\_
- Physical Therapy evaluation, assessment and program plan
- Occupational Therapy evaluation, assessment, and program plan

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



This form **MUST** be returned to TEC in order to participate in the TEC Riding & Participant Program.

**(continue) Participant Release Form & Liability Waiver**

**PHOTO/IMAGE RELEASE**

For valuable consideration given and which is hereby acknowledged, the undersigned hereby grants to the Therapeutic Equestrian Center 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, its advertising agencies, news media, and any other persons interested in the Therapeutic Equestrian Center 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 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 to use or be used such photographs, films, and pictures for the primary purpose of promoting and aiding the Therapeutic Equestrian Center and its work.

<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Photo Release</b>	<b>Initials</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Video Release</b>	<b>Initials</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Media/Marketing Release</b>	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Social Media Release</b>	_____

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:	2017	2018	2019	2020
Initials:				



## **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 allows TEC to offer scholarships (full and partial) to participants who may not otherwise be able to afford the cost of participating in TEC's Riding & Participant Program.

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 minimum payment is required and full payment is preferred at first lesson, but payment arrangements are also available.***

***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 two types of riding lessons, group and semi-private; as well as, grooming lessons. Group lessons have up to four riders and the lesson is 1.25 hours long. Semi-private lessons have two riders and is 45 minutes long. A grooming and ground lesson is also available and typically held during a group lesson, and lasts about 30 minutes. A semi-private lesson is shorter as each participant has more of the instructor's time.

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 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 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](mailto:info@tecfarm.org).

Return TAP Application and **ALL** required documentation to:

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



**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: Home or Cell?)*  Text Message  E-mail  Snail Mail

**School Attending & Grade or Place of Employment:** \_\_\_\_\_

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

- Winter  Spring  Summer 1  Summer 2  Fall 1  Fall 2

Please describe the interest this rider/participant has with horses and why he/she wishes to participate in the TEC Riding Program. *(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 rider/participant can benefit from the TEC Riding Program:

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:**  
*(If participant is a minor child or a dependent adult.)* \_\_\_\_\_ **Date:** \_\_\_\_\_

