



# LifeSpan Farm – Therapeutic Riding Center

3701 Kidd Lane  
Charlotte, NC 28216  
(p) 704.393.0333  
(f) 704.393.0334

[www.lifespanservices.org/farmtrc](http://www.lifespanservices.org/farmtrc)

## Financial Assistance Application

DATE: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYEER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYEER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Are you a one or two family income household? \_\_\_\_\_

Annual Income Earned Category (Check One):

1.) <\$15,000 \_\_\_\_\_ 2.) \$15,000 - \$25,000 \_\_\_\_\_ 3.) \$25,000 - \$50,000 \_\_\_\_\_ 4.) >\$50,000 \_\_\_\_\_

### DISPOSABLE INCOME:

Food \_\_\_\_\_ Clothing \_\_\_\_\_ Utilities (1<sup>st</sup> home only) \_\_\_\_\_

Day Care Expenses (as reportable by IRS guidelines ) \_\_\_\_\_

### THERAPY SERVICE & FREQUENCY

### PORTION YOU PAY NOT COVERED BY INSURANCE

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

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

LifeSpan does not discriminate based on race, sex, color, creed, religion, national origin, age or disability. It is our intention that all qualified applicants be given equal opportunity.

APPLICANT'S NAME: \_\_\_\_\_

List dependent children:

<u>NAME</u>	<u>AGE</u>	<u>SCHOOL</u>	<u>SPECIAL NEEDS (If yes, please describe.)</u>

Please write an explanation of why you feel Therapeutic Riding would be beneficial to the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please write an explanation of why paying the full lesson cost is a hardship for your family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount of financial assistance you are applying for (check one):      \_\_\_\_\_ 25%      \_\_\_\_\_ 50%      \_\_\_\_\_ 75%

I have read and understand LifeSpan Farm – TRC's Financial Assistance Policy and Process. I have completed this application and believe the information provided to be accurate to the best of my knowledge.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

Please fax to 704.944.5102 or mail completed application and necessary documentation to:

LifeSpan Farm – TRC  
Attn: Lori Avery  
200 Clanton Road  
Charlotte, NC 28217

LifeSpan does not discriminate based on race, sex, color, creed, religion, national origin, age or disability. It is our intention that all qualified applicants be given equal opportunity.