



**ROCK Ride On Center for Kids**  
 PO Box 2422 Georgetown, TX 78627  
 2050 Rockride Lane, Georgetown, TX 78626  
 (512) 930-7625 office (512) 863-9231 fax  
 www.rockride.org



## ROCK Financial Assistance Application Form Hippotherapy & Therapeutic Horsemanship Only

Client fees are necessary to help defray the expense of equine-assisted therapy and cover only 40% of the actual cost of each lesson. ROCK's Board of Directors believes that no client should be turned away due to finances. A discount is available for clients who could not otherwise participate. A Financial Assistance Application must be renewed each fiscal year.

Applications **must include:**

1. Completed Application form
2. The first page of the most recent IRS income tax return
3. If the client is a minor, the tax return for the responsible party is required.
4. A letter explaining your need for assistance.
5. You will be notified in writing as to the amount of your discount.

**Client Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address/City/Zip/Birth date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home phone/Work phone/Cell/Other \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation/Spouse's Occupation \_\_\_\_\_

Responsible party \_\_\_\_\_

Address/City/Zip Phone \_\_\_\_\_

Annual Family income \_\_\_\_\_ Number in family \_\_\_\_\_ Are any other family members disabled? \_\_\_\_\_

If yes, provide details \_\_\_\_\_

Are there unusual medical needs we should consider? \_\_\_\_\_

Are there any mitigating factors that should be taken into consideration? \_\_\_\_\_

Client/parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:**

Date Approved: \_\_\_\_\_ Level: \_\_\_\_\_ Date Notified: \_\_\_\_\_