



## **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:** \_\_\_\_\_