



# Back In The Saddle Equine Therapy Center

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## SCHOLARSHIP/SLIDING SCALE FEE APPLICATION

Therapeutic Riding \_\_\_\_\_ Vocational Education \_\_\_\_\_

Equine Assisted Learning \_\_\_\_\_ Seniors Ride \_\_\_\_\_

BITS ETC is happy to provide SCHOLARSHIPS or sliding scale fees for clients who find it difficult to pay the full fee for sessions. If you wish to apply, you must fill out this form, and sign the affidavit below. All information you give is confidential, and this is a completely voluntary program.

CLIENT'S NAME	BIRTHDATE	ADDRESS	PHONE

FAMILY MEMBERS	BIRTHDATE	CLIENT RELATIONSHIP	EMPLOYER/SOURCE OF INCOME

Family's total gross income per year? \_\_\_\_\_ Total number living in household? \_\_\_\_\_

Proof of income must be provided to BITS ETC to receive consideration of sliding scale fees. Discounts are good for 6 months, and must be renewed after that time period to maintain discount level. One month's proof of income must be attached to this form.

### Proof of income may be one of the following:

- Copies of check stubs less than 30 days old
- Alimony checks,
- Workers Compensation, SDI, Social Security
- Pension check stubs
- Signed Statement from employer (if wages are paid in cash)
- Current Income tax return.

## AFFIDAVIT

I understand that the services I am applying for today will be billed to me at 100% of the cost of the services provided. If I provide BITS ETC with proof of my family income (husband, wife, mother and father of minor child) and my income is within the Sliding Fee scale guidelines, fees for services will be reduced. I certify under penalty of law that the above information is correct.

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Responsible Party Signature

BITS ETC Signatory

Date

Once medical clearance is obtained, and all paperwork has been received, BITS ETC shall make the final determination of fees for services offered to you for the following six months. Scholarships are available as funding allows.

If you are the recipient of a scholarship, we ask that you volunteer your time for a minimum of two fundraising events to allow us to continue funding our scholarship program

Thank you for your interest in BITS ETC services. We hope to see you "back in the saddle" soon!

*Pauline Meridien*

Director, BITS ETC

*For Office Use Only*

Received: _____ To BOD: _____ Contract period: _____ to _____
Approved: _____ Denied : _____
Additional Information Requested (date): _____ By _____
Amt. of sliding scale fee: _____ Scholarship amount: _____
Total amount due from client monthly: \$ _____
Volunteer Activity: (1) _____
(2) _____