



TRINITY EQUESTRIAN CENTER

**** FINANCIAL AID REQUEST ****

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Do you own or rent? _____ Number of people living in your household?: _____

Are you currently working? _____ If yes, where? _____

If not, what prevents you from working? _____

Is anyone else in your household working? _____ If yes, where? _____

If not, what prevents them from working? _____

INCOME

Household Income (Include Support/Disability and all other incomes) _____

Savings _____

EXPENSES

Charity _____

Food _____

Housing/Utilities/Taxes _____

Transportation _____

Clothing _____

Healthcare _____

Insurance _____

Installments Pmt. (credit card/other) _____

Other Expenses _____

How much could you put towards the registration fee for your child? _____

What program are you requesting financial aid for?: _____

Why would this program benefit your rider?: _____

Signed _____ Date _____