

Confidential
Request for Fee Reduction Scholarship

Client(s) Name: _____ Phone #: _____
Address: _____
Number of Dependents: _____

Employer(s) and Occupation(s)

Self: _____ / _____
Spouse: _____ / _____

Household Monthly Gross Income

Husband: _____
Wife: _____
Other Sources: _____
Savings/Investments: _____
TOTAL: _____

Monthly Living Expenses

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL:	\$ _____

Total Monthly Income: \$ _____
Total Monthly Expenses: \$ _____
Difference: \$ _____

If you qualify, Refuge Services, Inc. is willing to contribute to your therapeutic process by lowering the customary fee for the hourly session (Hippotherapy \$130 p/hr; Therapeutic Riding \$60 p/hr; Equine-assisted Psychotherapy \$150 p/hr). Please discuss with the director the amount you can pay each session.

Even though I am unable to pay the full fee, I believe I would be able to contribute \$ _____ per session toward my therapy sessions during my existing financial situation.

Signature: _____ Date: _____