

**AIR WARRIOR COURAGE FOUNDATION (AWCF)
Request for Financial Assistance**

I/we request financial assistance from the AIR WARRIOR COURAGE FOUNDATION for therapeutic riding. I/we certify that I am, or at least one of the parent/guardians is, an active duty member of the United States military, National Guard or Ready Reserve.

Rider's Name	Age	____/____/____ DOB	Medical Condition Requiring Therapy
Parent(s) Name(s)	Rank	Br Serv	Status
Address	City	ST	ZIP Code
(____) _____ Phone #	@ _____ e-mail address	#Children in Family	_____
Signature(s)	_____/_____/_____ Date		

Therapeutic Riding Ctr (TRC) - CERTIFICATION of Rider's Acceptance in program.

1. Class dates: From ____/____/____ to ____/____/____ Cost _____
of sessions: _____ No Charge (____)
2. Class dates: From ____/____/____ to ____/____/____ Cost _____
of sessions: _____ No Charge (____)

Name of Therapeutic Riding Center (TRC) _____

Address: _____

Ph# (____) _____ - _____ FAX# (____) _____ - _____

EMAIL Address: _____@_____

Web Address: _____

Signature of TRC Agent _____/_____/_____
Date

ADMINISTRATION – TRC – (1) Please fill out appropriate “session” dates, the number of sessions planned and cost data, and give this request form to the parent(s) of qualified rider (student) for completion. (2) Fax the completed form to (301) 587-2923; keep the original form. If the student remains in the program, fill out new “class” information and fax again, etc., one request per student. AWCF will determine what it will support, advise the sponsor and send payment for that amount to the TRC for the approved rider. The decision of the AWCF regarding any financial support is strictly its decision to make and all information is dealt with on a confidential basis. Any questions, please call (877) 921-2923.

Please provide a picture of the child on your horse during therapy.

THANK YOU FOR YOUR COOPERATION.

awcf@airwarriorcourage.org