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

(____) _____ _____@_____ #Children in Family _____
Phone # e-mail address

_____ _____/_____/_____
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 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