

**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, veteran or retiree of the United States military, National Guard or Ready Reserve.

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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](mailto:awcf@airwarriorcourage.org)**