

Financial Aid Request

Financial Aid is available for those who qualify, upon request. Requests for financial aid are reviewed and approved by Nancy Contro, Executive Director. **Please submit your Financial Aid Request form and the required documents directly to the Administrative Manager (located at the main office) by email to admin@nceft.org, fax (650) 851-3480 or mailed with attention to Administrative Manager (address above).** The rest of your packet may be returned to your screening therapist/adaptive riding instructor.

In order to be able to evaluate individual situations, NCEFT requires as much information as possible.

- Patient/Client Name _____ Date of Birth: _____
- Please indicate the annual gross family income from all sources _____
- Please indicate the number of people in your household/family _____
- Attach pages 1 and 2 of your most recent federal income tax return (first 2 pages of form 1040).

By signing below you warrant the information on the attached tax return document to be true and correct, under penalty of perjury. NCEFT has the right to collect any monies for any services, paid on behalf of the above named, should it be found those services were obtained under false information or pretenses.

Signature of Patient or Legal Guardian: _____

Dated: _____