

Equest Scholarship Application Checklist

- I have read the criteria sheet
- I have filled out all the relevant questions and signed the application
- I have included a copy of either the first page only of my most recent Federal tax return or SSI check (applications submitted without this information will not be reviewed until it is received.)
- I have signed all rider registration forms
- I am submitting this application by the session deadline to:

Equest Therapeutic Horsemanship
c/o Susan Liepins
P.O. Box 2109
Wylie, TX 75098-2109

Equest Therapeutic Horsemanship Scholarship Application Criteria

The following criteria will be used as a basis for financial assistance considerations. For additional questions or comments please contact Susan Liepins at (972)412-1099.

A. Scholarships are only available for group sports riding classes and for hippotherapy.

B. The maximum amount of scholarship that will be awarded is based on the following income:

<u>Adjusted Gross Income</u>	<u>Financial Assistance Amount</u>	<u>Rider Pays</u>
\$0 – \$24,999	75%	25%
\$25,000—\$45,999	50%	50%
\$46,000--- \$65,999	25%	75%
\$70,000 +	0%	100%

If granted a scholarship the following appears as the amounts awarded for Equest:

Hippotherapy (Fall fee = \$1,980; Spring Fee = \$1,800; Summer Fee = \$1,080)

Percent Awarded	Amount Rider Pays for Fall	Amount Rider Pays for Spring	Amount Rider Pays for Summer
75%	\$495.00	\$450.00	\$45.00 per hour
50%	\$990.00	\$900.00	\$90.00 per hour
25%	\$1,485.00	\$1,350.00	\$135.00 per hour

Group Class Therapeutic Sports Riding (Fall fee = \$440; Spring fee = \$400; Summer fee = TBD)

Percent Awarded	Amount Rider Pays for Fall	Amount Rider Pays for Spring	Amount Rider Pays for Summer
75%	\$110.00	\$100.00	\$TBD
50%	\$220.00	\$200.00	\$TBD
25%	\$330.00	\$300.00	\$TBD

C. Additional consideration is given for **mitigating factors**, which could impact the sum granted. These include: five or more people in the family, more than one disabled family member, single parent family, or unusual medical needs.

D. All assistance is granted by the decision of the Scholarship Committee. Once the committee makes a decision the rider will be notified in writing at least two weeks prior to the beginning of the session.

E. All scholarship applications **must** include the first page of the most recent IRS income tax return or a copy of an SSI check and rider registration forms. If the rider is a minor, the return for the responsible party is required. **Applications not containing financial information and registration forms will not be considered by the committee.**

F. Financial assistance is awarded for the current Fall and Spring sessions and does not automatically re-apply to any additional sessions. For renewal of a scholarship the rider must submit a signed verification form with information pertaining to any changes in household income.

G. Applications received after the Fall registration deadline will be considered for the Spring session. Please note that application deadlines will be strictly enforced for consideration. Summer session applications have a separate deadline.

H. All applications received by Equest will be held in the strictest of confidence.

Equest Therapeutic Horsemanship Scholarship Application

The resources for these scholarships are limited and we try to provide financial assistance to those riders who cannot afford the fee. However, we do request that riders make any possible payments before the end of the session. In addition we request that you volunteer with Equest if you receive financial assistance.

Riders' Name: _____

Address: _____

Parent or Guardian: _____

Address: _____

Day Time Phone: _____ Night Time Phone: _____

Please answer the following questions:

Please mark the session(s) and program that you are applying for:

____ Fall 2008 ____ Spring 2009 ____ Summer 2009 ____ Group Class ____ Hippotherapy

Family Income: _____

Total number of family members living in the household _____

Are any other family members disabled?: _____

If you answered yes to the above question please provide details:

Are there any unusual medical needs we should consider?

Describe in detail any **Mitigating Factors** that should be taken into consideration:

Does your health care plan cover Equest fees? _____

If yes, at what percent? _____

Are you eligible to receive any local, state, or federal funds to assist with therapy or rehabilitation?

If yes, what agency or program? _____

Does this cover Equest fees? _____ If Yes, what amount? _____

Will you be able to pay in full? _____

If so when do you anticipate making the payment? _____

Will you be able to make a partial payment? _____

Please describe in detail your proposed payment plan:

Please check how you wish to volunteer:

- Volunteer for classes

- Work on one of the fundraisers (Moon and Stars Gala, Ridefest, and Polopalooza)

- Office help

- Ranch maintenance (carpentry, electrical, plumbing, mechanical, etc)

By submitting this information and signing below I _____ (please print first and last name) agree to all of the criteria outlined in this application; and I have read and understand the Equest Therapeutic Horsemanship Scholarship Criteria sheet. In addition I have answered all questions to the best of my knowledge.

Applicant Signature or Parent/Guardian

Date Signed

Enclosed is a copy of either the first page ONLY of my most recent Federal tax return or SSI check (applications submitted without this information will not be reviewed until it is received.)

Please return completed application to Equest Therapeutic Horsemanship c/o Susan Liepins PO Box 2109; Wylie, TX 75098-2109