

EQUEST SUPPLEMENTAL SCHOLARSHIP APPLICATION



811 Pemberton Hill Road, Building 4
Dallas, TX 75217

The following criteria will be used as a basis for financial assistance considerations. For additional questions or comments, please contact Amanda Fastle, Registrar, at (972) 412-1099 ext. 209 or afastle@equest.org

A. Scholarships are available for all services that Equest offers (all sports riding classes, vaulting, carriage driving, Physical Therapy/Occupational Therapy, and EFC activities). A participant may apply for one class type per session.

B. The maximum amount of scholarship that will be awarded is based on the following income amounts. If your income exceeds the ranges below but still require financial assistance, you will be asked to request the amount and duration of assistance needed.

<u>Adjusted Gross Income</u>	<u>Financial Assistance Amount</u>	<u>Client's Responsibility</u>
\$0 - \$24,999	75%	25%
\$25,000 - \$45,999	50%	50%
\$46,000 - \$69,999	25%	75%
\$70,000 +	0%	100%

****The maximum scholarship amount offered to our Physical Therapy/Occupational Therapy clients is 50% to cover the cost of the Physical or Occupational Therapist.****

C. Additional consideration is given for any *mitigating factors*, which could impact the sum granted. These can include: five or more people in the family, more than one disabled family member, single parent family, or unusual medical needs. You will be asked to submit supporting documents to include monthly therapy billing statements and references.

D. All assistance is granted by the decision of the Scholarship Committee. Once the committee has made a decision, the client will be notified in writing as soon as possible prior to the beginning of the semester.

E. All scholarship applications must include the first page of the most recent IRS income tax return and a copy of an SSI or other government assistance check (if applicable) as well as client registration forms and \$50 initial assessment fee for new clients. If the client is a minor, the return for the parent/legal guardian is required. **Applications that do not contain the required financial information and registration forms will not be considered by the committee.**

F. Financial assistance is awarded for the current year. A new application must be submitted ANNUALLY. The new application should be submitted with the semester registration but not later than 1 month prior to the beginning of the semester. No renewal will be considered if there is an outstanding balance on the client's account.

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



Equest Therapeutic Horsemanship Supplemental Scholarship Application



The resources for these scholarships are limited and we try to provide financial assistance to those clients who cannot afford the fee. We do request that clients make any possible payments before the end of the semester.

Client Name: _____ Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Information Regarding Person Completing Application:

Name: _____ Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please answer the following:

Please mark the program that you are applying for:

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Therapeutic Riding: | <input type="checkbox"/> Group | <input type="checkbox"/> Semi-Private | <input type="checkbox"/> Private |
| <input type="checkbox"/> Physical Therapy | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Carriage Driving | <input type="checkbox"/> Vaulting |
| <input type="checkbox"/> Equine Assisted Learning | | <input type="checkbox"/> Equine Facilitated Counseling | |

Net Household Income (as reported on tax return): _____

Where does the client reside? At Home with family Alone Other

If other, please describe: _____

Total number of family members living in the household: _____

Are any other family members disabled? Yes No

If yes, please provide details: _____

Have you received a scholarship from Equest in the past? Yes No

If yes, when? _____

How many years have you received services from Equest? _____

Are there any unusual medical needs we should consider? _____



Equest Therapeutic Horsemanship Supplemental Scholarship Application



I am requesting to receive the following amount to help with tuition:

- 0-25%
- 25-50%
- 50-75%
- 75% or more

Describe in detail any **mitigating factors** that should be taken into consideration:

(ex: 5+ people in the family, more than one disabled family member, single parent family, or unusual medical needs)

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 Supplemental Scholarship Criteria sheet. In addition, I have answered all questions to the best of my knowledge.

Applicant or Parent/Guardian Signature

Date Signed

Enclosed is a copy of one of the following documents to support my application:

- The first page ONLY of my most recent Federal tax return
- A copy off a recent SSI check
- A copy of my bank statement showing automatic deposits for my SSI check or other government assistance

Please return completed application to:

Equest
Attn: Amanda Fastle, Registrar
PO Box 171779
Dallas, TX 75217
Email: afastle@equest.org
Fax: (972) 947-3940