
HORSEPOWER

➔ THERAPEUTIC RIDING ➔



Address: Honey Bridge Ranch 6N917 Rt. 25 St. Charles, IL 60174 **Mail:** PO Box 361 Elburn, IL 60119
Phone: (815) 508-0804 **Fax:** (815)508-0804 **Email:** Info@HorsePowerTR.com **Site:** www.HorsePowerTR.com



HorsePower Therapeutic Riding Scholarship Application

Thank you for your interest in applying for a scholarship from HorsePower! HorsePower is a 501c3 non-profit organization developed to assist children and adults in receiving medically necessary therapeutic riding services that are currently unavailable to them due to limited financial resources. In this packet, you will find the documents necessary to complete and submit an application for a scholarship.

The HP Scholarship Review Committee will not begin reviewing your application until ALL forms are completed IN FULL and all supporting documents have been submitted. Do not leave any lines blank as this will delay the process. After your application is received, your submission will be reviewed during the next review period. We will contact you with the decision regarding your application for scholarship. Please understand we have very limited scholarship funds and their availability fluctuates throughout the year.

Please Scan and E-Mail ALL of the enclosed paperwork & ALL requested supporting to:

info@HorsePowerTR.com

Thank you for your application!

Barbara O'Neil
Executive Director



Checklist for Scholarship Application

- HorsePower Participant Application

- Letter written by Participant and/or Parent of Participant

- Medical Releases (if requested)

- HorsePower Scholarship Application

- Copy of most recent tax return for BOTH parents and all adults living in the same home as the applicant. (include all supporting schedules (A, B and/or C))

- Misc. Documents (verify Income/Assistance/Child Support/etc.)

- Letter(s) of recommendation from AT LEAST 1 of the following:
 - Teacher
 - Therapist
 - Medical Professional



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HorsePower Scholarship Application

Participant Name:

Parent/Caregiver Name: _____

Phone: _____ Email: _____

Address: _____

Rent or Own? _____

Employer: _____

Years with Company: _____ Position: _____

Single Parent or Two Parent Household: _____

Spouse/Other Parent: _____

Phone: _____ Email: _____

Address (if different from above): _____

Employer: _____

Years with Company: _____ Position: _____

List names, ages, and relationship of **ALL** the residents living in the same household:

Are there any extenuating family circumstances we should know about?

Does the participant have a medical/emotional diagnosis? _____

Describe: _____

Please detail how you feel HorsePower Therapeutic Riding can help this person:

Which program/service are you requesting funding for:

_____ Therapeutic Riding _____ Therapeutic Carriage Driving _____ Either

Are you requesting a 30min, 60min or 90min lesson? _____

Have you received any scholarships or non-insurance funding sources in the past year? _____

If so, from whom, for what services, and how much? _____

How much can you realistically contribute/pay out of the pocket per lesson? Do not leave blank _____

Are you currently receiving assistance from other organization? _____

Early Intervention? _____ amount \$ _____

DSCC? _____ amount \$ _____

WIC? _____ amount \$ _____

Respite? _____ amount \$ _____

SSI? _____ amount \$ _____

Other? _____ amount \$ _____

Are you currently receiving reimbursement/financial assistance for therapy or educational services? _____

If yes, please clarify _____

Have you or your family received a HorsePower Scholarship previously? _____

If yes, when? _____

Gross Monthly Income for Household: _____

Do you have a medical spending account or a trust fund? ____ yes ____ no Balance(s): _____

Describe what the account/fund is to be used for and if there are restrictions:

Monthly Expenses:

Mortgage/Rent _____

Out of Pocket Medical Expenses _____

Other Disability Related Expenses _____

Please submit a copy of 1040 Federal Tax Forms for every adult who lives in the same home as the applicant. Include any applicable schedules (often Schedule A or C) with this application. (If separated, divorced, or never married, please submit forms for both you and your child's other parent). No scholarship applications will be submitted to the scholarship committee without proof of income for both parents AND all adults who live in the same household.

I, the undersigned, agree that all of the above information is accurate and truthful to the best of my knowledge. I understand that any purposeful falsification immediately eliminates my eligibility for HorsePower funds at this time and in the future. I understand that HorsePower's ability to provide scholarships for services is based upon the donations received and the revenue made available by the generous donations of its sponsors. I also understand that if, at any time I have changes in my finances, or am the recipient of an additional outside scholarship source, allowing additional funds for therapy, I should relinquish my scholarship so HorsePower can assist another family. I understand that HorsePower has many important supportive roles in which my family will be invited to participate as scholarship recipients and members of the HorsePower community. This may include assistance at the barn, participating and inviting others to fundraisers, selling 50/50 tickets, marketing booths, and outreach. I understand that if I cancel with less than 24hrs notice, or no-show to my lesson, I am responsible to pay the full price of the lesson before riding again, not merely the copay.

Signature of applicant/parent/guardian

Date

This application will be processed by the HorsePower Scholarship review committee. The applicant will be notified by mail of approval/denial for scholarship dollars. Scholarship monies cannot be transferred or redeemed for their cash value. All applications and awards are confidential.

Release of Liability

I understand that this is an application process and that my application does not guarantee any monies will be received. I understand that my application, accompanying reports, and other materials submitted as part of the application process will be reviewed by the HorsePower Scholarship committee. I also understand that scholarships are granted contingent upon available funds that are allocated for HorsePower scholarships. In addition, I will not hold HorsePower and its Board of Directors, liable for any damage incurred while participating in sessions, classes, therapy, and/or animal-related activities.

Applicant/Parent/Guardian Signature

Date

Expectation of Family's Volunteer Contribution to the Organization

I understand that HorsePower is a non-profit organization that relies upon the support from the community, including its own volunteers and participant's families in order to make scholarships available for participants. HorsePower has the expectation that families receiving scholarship support must volunteer at both a marketing booth event and a fundraising event each year to be considered for scholarship renewal. Selling 50/50 Raffle Tickets, attending fundraisers, cleaning at the barn, inviting friends and family to attend fundraisers, referring new participants, applying to outside sources for scholarship funding, referring volunteers/donors/participants, etc, are also encouraged and very much appreciated. I also understand that scholarships are granted contingent upon available funds that are allocated for HorsePower scholarships, and at times decisions are made based upon how each family has contributed to HorsePower.

Applicant/Parent/Guardian Signature

Date