



1811 Mill Road, Perkasie, PA 18944

Telephone: (215) 822-2515

www.ivyhillequestrian.org

APPLICATION FOR FINANCIAL ASSISTANCE

The Ivy Hill Therapeutic Equestrian Center is a non-profit organization whose mission is to help individuals with a variety of challenges using therapeutic horseback riding. We maintain a financial assistance fund for families who would otherwise not be able to participate. If you need assistance with lesson costs, please provide the following information. Please understand that this program is "means tested" which is determined by your family's income and number of family members. All questions must be answered and supporting documents attached. Your information will be kept strictly confidential.

RIDER INFORMATION

Rider's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Parent/Guardian Phone: _____ Email _____

How often does the rider desire to ride? (Please circle one) Weekly or Every Other Week

What type of session (Please circle one) Private Session or Group Session

FINANCIAL INFORMATION

Individual resides with: _____ Mother _____ Father _____ Both Parents _____ Guardian _____ Self

Rider's/Spouse's Income: \$ _____ Monthly / Semi-Monthly / Weekly / Bi-Weekly

Name of Employer or Source of Income: _____

Address: _____ Employer Telephone: _____

Father's Income: \$ _____ Monthly / Semi-Monthly / Weekly / Bi-Weekly

Name of Employer or Source of Income: _____

Address: _____ Employer Telephone: _____

Mother's Income: \$ _____ Monthly / Semi-Monthly / Weekly / Bi-Weekly

Name of Employer or Source of Income: _____

Address: _____ Employer Telephone: _____

Guardian's Income: \$ _____ Monthly / Semi-Monthly / Weekly / Bi-Weekly

Name of Employer or Source of Income: _____

Address: _____ Employer Telephone: _____

Number of Dependents: _____ Number of Disabled Dependents: _____

Please Note Disabling Condition: _____

DEBTS: (Include balance due and monthly payments):

NARRATIVE STATEMENT: (List any unusual obligations or circumstances affecting applicant's need for financial assistance.) Attach supporting documentation.

What other therapies and activities does the rider participate in and how often? (Is this an out-of-pocket expense or covered by insurance?)

POSSIBLE ALTERNATIVE SOURCES OF INCOME: Is applicant possibly eligible under any of the county's programs (i.e. Family Services, Mental Health, etc.)

RENT/MORTGAGE INFORMATION

Is home rented or owned? _____ How much is the rent/mortgage? \$ _____/Month

TAX RETURN

Please submit the first four pages of your most recent IRS Form 1040 with this application.

BONNIE SAMES FINANCIAL ASSISTANCE

The Bonnie Sames Financial Assistance Awards are determined by evaluating the applicant's financial need, the amount of funds specifically designated by donors and approved by the Organization for this purpose each fiscal year, and the number of riders requesting assistance. All riders are required to make a new application with supporting documentation by June 1st of every year. Any rider who has received a Financial Assistance Award who has not remained current with payment of their portion of the lesson fee or has improper cancellations may be at risk of losing this Financial Assistance opportunity or of future consideration. The amount of the award may change each year or at any time during the year.

Please provide this application and supporting documentation to the Program Manager or Executive Director.

AFFIRMATION

The above information is true and correct to the best of my knowledge and it is my understanding that furnishing false or incomplete information may result in ineligibility for assistance.

Signature of Parent/Guardian: _____

Please Print Name: _____

Date Submitted: _____

