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Mailing Address: P.O. Box 23, Franconia, PA 18924

Location Address: 1 Highpoint Road, Perkasio PA 18944

Telephone: 215-822-2515 ext 1

Website: www.ivyhillequestrian.org

APPLICATION FOR FINANCIAL ASSISTANCE

Bonnie Sames Memorial Scholarship Fund

Ivy Hill Equestrian is a non-profit organization whose mission is to help individuals with handicaps through therapeutic horseback riding and carriage driving. We maintain a scholarship fund for those who would otherwise not be able to attend. If you need financial assistance, please fill in the following information for review by our Scholarship Committee. All questions must be answered, and any required documentation must be attached. **Your information will be kept strictly confidential.**

RIDER INFORMATION:

Rider's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Parent/Guardian's Name: _____

Address: _____

Phone: Day: _____ Evening: _____

Rider's Disability: _____

How often do you ride/ desire to ride (please circle)?

every other week

1x a week

2x a week

Private or Group Session (please circle)?

With or without a physical therapist (please circle)?



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_____ Mother _____ Father _____ Both Parents _____ Gardian _____ Self

Rider's/spouse's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income _____

Father's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

Mother's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

Guardian's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

SOURCES OF FUNDING (please list amounts)

Alimony/Maintenace	Savings
Social Security	VA Benefits
Medicaid	Unemployment
Child Support	Spousal Support
Wages	Welfare
Pension/Retirement	General Assistance
Insurance Benefits	DSHS Respite Care/DDD*
Disability Payments	Other

- If you are DDD Eligible, please indicate what type of funding your are eligible for

Dependent s . Number of dependents _____

Number of disabled dependents: _____ Note the disabling condition(s): _____

Assets: (include business holdings, stock, bonds, real estate, cars, trust funds, savings, etc): _____



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Monthly payment): _____

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

What other therapies and activities does the student participate in? How often? Is it out of pocket? Covered by insurance? _____

POSSIBLE ALTERNATIVE SOURCES OF FUNDING

Has the applicant applied before (date) _____ (percentage of funding _____)

Has applicant ever submitted a claim to an insurance carrier for Ivy Hill services? _____

What were the results? _____ (If coverage denied, attach denial)

Is applicant possibly eligible under any of the county's programs (ie. Family services, mental health/mental retardation, etc.)? _____

Is applicant/parent/guardian collecting insurance payments for accident, negligence, injury, malpractice or another civil lawsuit pertaining to rider and his/her disability? No _____ Yes _____. If yes, provide insurance company's name, address, claim #:

RENT/MORTGAGE INFORMATION

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

Who pays mortgage? _____ Relationship to rider? _____



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IONS ARE ANSWERED. AND ALL APPLICABLE

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 my financial loss.

Signature of Parent/Guardian_____

Signature of Rider_____

Date:_____

NOTE: Please fill out attached ~~%~~Authorization for Release of Information Regarding Income.+

Please make sure all required documentation is attached.



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AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING INCOME

TO: _____

I request that the following information concerning my employment income be released to:

Ivy Hill Equestrian
 P. O. Box 23
 Franconia, PA 18924

Salary information: _____ per hour, week, month (please circle)

Bonuses received in the past year _____

Bonuses likely to be paid within the next twelve months _____

Any other benefits of monetary value, including stock options, company car, etc.:

 Print Name

 Sign Name

 Social Security Number

 Date

For Official Use Only

Amount Granted: _____ Date Granted _____
 Scholarships are Good for One Year Unless Otherwise Specified