



Financial Assistance Opportunities

GaitWay strives to make its services available to all participants whose application for registration is accepted. Thanks to the generosity of our supporters, GaitWay may be able to cover up to 75% of the program fees for our clients. Scholarships are awarded based on a number of factors, including income and other subjective circumstances. The following table represents the scholarship awards traditionally available based on income brackets:

<u>Adjusted Gross Income</u>	<u>Financial Assistance Provided</u>
\$0 - \$39,999	75%
\$40,000 - \$69,999	50%
\$70,000 - \$99,999	25%

Financial Assistance Application Process

When to Submit: Applicants are welcome to apply at any point during the calendar year with the understanding that it can take up to a month for an application to be approved. Financial assistance applications for **new riders** may be submitted upon entry into the program and, when funds permit, may be awarded mid-semester.

To submit an application, please complete the following forms and return a copy to the GaitWay office along with the **first page of the most recent IRS income tax return** and a copy of an SSI or other government assistance check (if applicable). If the rider is a minor, the tax return for the parent/legal guardian is required. Forms can be brought in person to the office during business hours, mailed, or emailed to **office@gaitway.org**.

We may request that you bring in additional documentation in reference to income, bills, and medical expenses. *All information requested and provided on the application is kept in the strictest of confidence.*

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UPDATED 1/11/2024



Financial Assistance Awards

If your scholarship is accepted, a Scholarship Acknowledgement form will be emailed and mailed to the address provided. To accept the scholarship, the Scholarship Acknowledgement form must be signed and returned to GaitWay *before the first lesson*. Without a signed Scholarship Acknowledgement form on file, all lessons will be billed in full.

Scholarship Details:

- Available for one adaptive lesson per week during regular semester dates.
 - *Note: one lesson missed due to inclement weather or cancellation by GaitWay may be made up during the week of makeups each semester and covered by the scholarship award*
- Not transferable to other riders.
- Scholarship is considered inactive if payment is not made.
- Funds cannot be refunded or credited beyond the end of the semester dates.
- Recipients must apply for a new scholarship at the beginning of each calendar year.
- Only applicable to one lesson per week for the duration of the semester, not including the makeup week.

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GaitWay Therapeutic Horsemanship Financial Assistance Application

The information provided in this application will be kept confidential and will be made available only to the GaitWay Scholarship Committee. Incomplete applications or those missing required documentation will not be considered.

Please note that the “applicant” is the rider/client that the aid will be applied to. The “Agent” is the person filling out this form, regardless of legal relationship.

Section A: Information about Applicant

Full Name: _____ Date of Birth: _____

Street Address: _____

City/Town: _____ State: _____ Zip: _____

Has Applicant earned any income in the last 2 years? (circle one): Yes No

If yes, state all sources of Applicant’s income for the last 2 years:

(If minor or incapacitated person) Parent or Legal Guardian Name(s):

Agent Name (If different from applicant): _____

Relationship to Applicant: _____

Phone Number: _____ Email: _____

Best way to contact you: _____

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Section B: Information about Persons Providing Financial Support to Applicant

The following must be filled out for each individual that provides regular financial support to applicant. If applicant earns income, this information must also be answered by or for applicant.

Name: _____	Relationship to Applicant: _____		
Occupation: _____	Employer: _____		
Phone Number: _____	Email: _____		
Best Way to Contact: _____			
List all persons dependent on this individual's income (including applicant):			
<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Reside with you?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____	Relationship to Applicant: _____		
Occupation: _____	Employer: _____		
Phone Number: _____	Email: _____		
Best Way to Contact: _____			
List all persons dependent on this individual's income (including applicant):			
<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Reside with you?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Name: _____ Relationship to Applicant: _____

Occupation: _____ Employer: _____

Phone Number: _____ Email: _____

Best Way to Contact: _____

List all persons dependent on this individual's income (including applicant):

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Reside with you?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name: _____ Relationship to Applicant: _____

Occupation: _____ Employer: _____

Phone Number: _____ Email: _____

Best Way to Contact: _____

List all persons dependent on this individual's income (including applicant):

<i>Name</i>	<i>Age</i>	<i>Relationship</i>	<i>Reside with you?</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**You may make additional copies of these pages or request more from the office if needed.*



Section C: Information about Applicant’s Household Finances

Please complete the attached worksheet as it applies to the household finances at primary residence of the applicant to the best of your knowledge.

Household Budget	
Monthly Household Income	Net Amount
Total Combined Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
Net Total:	
Monthly Household Expenses	Net Amount
Rent/Mortgage	
Renter’s/Homeowner’s Insurance	
Total Vehicle Notes	
Total Vehicle Insurance	
Insurance Premiums	
Uninsured Medical Costs	
Food	
Fuel/Transportation Costs	
Childcare	
Utilities	
Education Expenses	
Child Support/Alimony	
Other:	
Net Total:	

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Section E: Signature of Agent

Please initial next to each item below as acknowledgement:

_____ I certify that the information contained herein is true and correct to the best of my knowledge.

_____ I agree to notify GaitWay Therapeutic Horsemanship of any change in the applicant's or financial provider's situation such as address, employment, dependency status, change in benefits received, or the receipt of external financial aid.

_____ I understand that all requested forms, including the Scholarship Acknowledgement Form, must be on file before the participant can receive scholarship credits.

_____ I understand that, if awarded, the scholarship will not be automatically renewed. I must reapply each calendar year and the amount of aid for which the participant is eligible may change due to changes at GaitWay or the applicant's income situation (including the income situation of those offering financial support to applicant).

_____ If asked, I agree to provide proof of the information that I have given on this form. I realize that failure to do so may result in denial of financial aid.

Signature of Applicant (or Agent if applicable)

Date

Application Checklist:

- Section A
- Section B
- Section C
- Section D (if applicable)
- Section E
- Copy of the first page of the most recent IRS income tax return**
- Copy of SSI or other government assistance check (if applicable)

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