

## **Gaitway Scholarship Application Checklist**

- I have read the criteria sheet
- I have filled out all the relevant questions and signed the application
- I have included a copy of either the first page only of my most recent Federal tax return or SSI check
- I have signed all rider registration forms

- Submit to:

Gaitway Therapeutic Horsemanship  
c/o Shelley Barry  
6555 Pikes Lane  
Baton Rouge, LA 70808  
Fax: 225-766-1614  
Email: [sbarry@gaitway.org](mailto:sbarry@gaitway.org)

## Gaitway Therapeutic Horsemanship Scholarship Application Criteria

The following criteria will be used as a basis for financial assistance considerations. For additional questions or comments please contact Shelley Barry at (225) 766-1614.

- A. Scholarships are only available for group sports riding classes and for hippotherapy.
- B. The maximum amount of scholarship that will be awarded is based on the following income:

<u>Adjusted Gross Income</u>	<u>Financial Assistance Amount</u>	<u>Rider Pays</u>
\$0-\$24,999	75%	25%
\$25,000-\$45,999	50%	50%
\$46,000-\$65,999	25%	75%
\$70,000 +	0%	100%

If granted a scholarship the following appears as the amounts awarded for Equest:

Hippotherapy:

Percent Awarded:	
75%	
50%	
25%	

Group Class Therapeutic Horseback Riding:

Percent Awarded:	
75%	
50%	
25%	

- C. Additional consideration is given for **mitigating factors**, which could impact the sum granted. These include: five or more people in the family, more than one disabled family member, single parent family, or unusual medical needs.
- D. All assistance is granted by the decision of Gaitway Board of Directors. Once the Board makes a decision, the rider will be notified in writing prior to the beginning of the session.
- E. All scholarship applications **must** include the first page of the most recent IRS income tax return or a copy of SSI check and rider registration forms. If the rider is a minor, the return for the responsible party is required. **Applications not containing financial information and registration forms will not be considered by the Board.**

- F. Financial assistance is awarded for the current Fall and Spring sessions and does not automatically re-apply to any additional sessions. For renewal of a scholarship the rider must submit a signed verification form with information pertaining to any changes in household income.
- G. Applications received less than two weeks prior to the start of the session will be considered for the next session. Please note that application deadlines will be strictly enforced for consideration. Summer session applications have a separate deadline.
- H. All applications received by Gaitway will be held in the strictest confidence.

## **Gaitway Therapeutic Horsemanship Scholarship Application**

The resources for these scholarships are limited and we try to provide financial assistance to those riders who cannot afford the fee. However, we do request that riders make any possible payments before the end of the last session. In addition, we request that you volunteer with Equest if you receive financial assistance.

Rider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_ Night Time Phone: \_\_\_\_\_

### **Please answer the following questions:**

Please mark the session(s) and program that you are applying for:

\_\_\_\_ Spring 20\_\_    \_\_\_\_ Summer 20\_\_    \_\_\_\_ Group Class    \_\_\_\_ Hippotherapy

Family Income: \_\_\_\_\_

Total number of family members living in household \_\_\_\_\_

Are any other family members disabled?: \_\_\_\_\_

If you answered yes to the above question please provide details:

Are there any unusual medical needs we should consider?

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

Does your health care plan cover Gaitway fees? \_\_\_\_\_

If yes, at what percent? \_\_\_\_\_

Are you eligible to receive any local, state, or federal funds to assist with therapy or rehabilitation?  
\_\_\_\_\_

If yes, what agency or program? \_\_\_\_\_

Does this cover Gaitway fees? \_\_\_\_\_ If yes, what amount? \_\_\_\_\_

Will you be able to pay in full? \_\_\_\_\_

If so when do you anticipate making the payment? \_\_\_\_\_

Will you be able to make a partial payment? \_\_\_\_\_

Please describe in detail your proposed payment plan:

Please check how you wish to volunteer:

- Volunteer for classes
- Work on one of the fundraisers
- Office help

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 Gaitway Therapeutic Horsemanship Scholarship  
Criteria sheet. In addition I have answered all questions to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature or Parent/Guardian

\_\_\_\_\_  
Date Signed

**Please return completed application to Gaitway Therapeutic Horsemanship c/o  
Shelley Barry, 6555 Pikes Lane, Baton Rouge, LA 70808.**