



## 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, more 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 - \$34,999	75%
\$35,000 - \$59,999	50%
\$60,000 - \$79,999	25%

## Financial Assistance Application Process

*When to Submit:* Scholarships are awarded annually in December of the prior year but 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 get 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.*



## Financial Assistance Awards

Upon acceptance or rejection you will be notified by the GaitWay office. For those that are accepted, a letter of scholarship receipt as well as a Scholarship Acknowledgement form will be both emailed and sent via USPS to the address provided on your form. The Scholarship Acknowledgement form must be signed and returned to the GaitWay office **no later than one week prior to the start of lessons**. Failure to do so will render the scholarship award inactive until the signed form is submitted to the office. Once the office receives a signed scholarship acknowledgement letter, it goes into effect the following week. All lessons will be billed in full to the client until this time.

Scholarship awards are subject to the following terms:

- Only applicable to group Adaptive Riding lessons rendered during the 2021 semester dates outlined by GaitWay.
- Only applicable to one lesson per week during the duration of the semester, not including the makeup week. *Exception: one lesson missed due to whether or cancellation by GaitWay may be made up during the week of makeups each semester and covered by the scholarship award.*
- Non-transferrable to other clients.
- Will be deemed inactive if the recipient fails to pay their portion of the fees owed for more than two lessons or if there is no signed Scholarship Acknowledgement Form on file.
- Scholarship award funds cannot be refunded nor credited past the end of the 2021 fall semester in the event of missed lessons for any reason. **Recipients will need to reapply for a new scholarship at the end of every calendar year.**



## **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: \_\_\_\_\_



**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.

<b>Household Budget</b>	
<b>Monthly Household Income</b>	<b>Net Amount</b>
Total Combined Wages	
Applicant Benefits	
Applicant Child Support	
Other:	
<b>Net Total:</b>	
<b>Monthly Household Expenses</b>	<b>Net Amount</b>
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:	
<b>Net Total:</b>	





**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 applicants' or financial providers' 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 applicants' 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)