



Address: 1811 Mill Rd, Perkasie, PA 18944

Telephone: 215-822-2515 ext 1

Website: [www.ivyhillequestrian.org](http://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 differences 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 Financial Assistance 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)?

**FINANCIAL INFORMATION**

Individual resides with:

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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Debts: (include balance due and monthly payment): \_\_\_\_\_

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

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

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**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 #:

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**RENT/MORTGAGE INFORMATION**

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

Who pays mortgage? \_\_\_\_\_ Relationship to rider? \_\_\_\_\_  
PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED. AND ALL APPLICABLE  
DOCUMENTATION IS ATTACHED.

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  
1811 Mill Rd  
Perkasie, PA 18944  
Attn: Program Manager

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