



Scholarship Information and Application for Funds

1. The Right Step Sponsorship Fund, Inc is made available to any individual who would benefit from equine assisted activities. Sponsorship is based on acceptance into a Michigan Approved Provider program; lack of insurance coverage; and financial need.
2. Final determination is based on federal poverty guidelines, the demonstrated financial need and the funds available at that time. The amount available may vary from quarter to quarter with a maximum possible sponsorship of \$1,500 per quarter or \$6,000 annually.
3. An initial application must be completed in the registration timeframe for the period for which it is requested: By Feb 15 for Spring Sessions (March, April, May); by May 15 for Summer Sessions (June, July, August); by Aug 15 for Fall Sessions (Sept, Oct, Nov); and by Nov 15 for Winter Sessions (Dec, Jan, Feb). **All requested information must be provided.** Initial incomplete or late forms cannot be considered.
4. ALL INFORMATION IS KEPT CONFIDENTIAL.
5. Sponsorships may not be used to replace or supplement any other funds available for EAA/T. They are to be used only when no other sources of funds are available.

APPLICATION

Today's Date: _____ Circle Desired Session Date: **Spring Summer Fall Winter**

Student Name _____ Date of Birth _____

Diagnosis _____

Have you applied before? _____ Date of last application* _____

Visits Requested _____ Cost per visit _____

Additional costs (e.g. evaluation) _____ Amount Requested _____

Program / Provider Name to render services _____

Provider / Program Credentials** _____

*Full Application and Financials must be submitted annually. If there have been any changes please submit a new application and list changes.

**To be considered, therapy using hippotherapy must be provided by a licensed therapist with American Hippotherapy Certification Board Credentials (e.g. AHCB Certified or HPCS). Adaptive riding must be completed by a PATH CTRI or instructor with a CHA/ID certification.

Information requested applies to Parent/Guardian or Independent Student

| | | | |
|--------------------------------|-------------------------|-------|-------|
| Guardian 1 | Relationship to student | Phone | Email |
| Guardian 2 | Relationship to student | Phone | Email |
| Student Resides with: | | | |
| Primary Address | | | |
| Billing Address (if different) | | | |

FINANCIAL RESOURCES – Must be completed to be considered for funding

What is your gross monthly income (including direct payments, financial assistance, insurance, etc)?

Please provide your most recent tax return (1040 or 1040ez)

If you are eligible for any other insurance or funding not mentioned, please indicate:

What other types of activities or therapies does participant complete and how often?

How will equine assisted activities or hippotherapy benefit you (if independent student) or your child?

Please list any extenuating circumstances (e.g debts, illness, etc) that contribute to your need for assistance:

Please list name and ages of other children or dependents in the home:

List any additional comments to consider / attach additional sheets as necessary:

I certify that the information provided in this application is correct to the best of my knowledge.

Print Name

Signature

Date

Send application, financial documentation, and any additional information to:

**The Right Step Fund
c/o Megan Hamelin
7994 N. Swede Rd.
Northport, MI 49670**

For Official Use Only

Amount Granted:

Date: