



Adaptive Riding Scholarship Application 2023

Thanks to the generosity of our supporters, New Heights Therapy Center offers financial aid to cover up to 60% of the amount charged to our participants. If you are in need of financial help at this time, please complete the following information and return it to Kim Clinard, New Heights Therapy Center, 82302 Holliday Road, Folsom, LA 70437. Upon review, you will be notified if you are eligible to receive a partial scholarship and, if granted, at which level.

*****Scholarships are not available for Private Adaptive Therapeutic Riding Lessons*****

The maximum amount of aid that will be awarded is based on income amounts. If your income exceeds the ranges below but still require financial assistance, you will be asked to request the amount and duration of assistance needed.

<u>Gross Income</u>	<u>Financial Assistance Amount</u>	<u>Rider Pays</u>	<u>Your cost</u>
\$0 - \$40,000	60%	40%	\$20
\$40,001-60,000	50%	50%	\$25
\$60,001 - \$80,000	40%	60%	\$30

Additional consideration is given for mitigating factors, which could impact the sum granted. These factors may include: more than one disabled family member, or unusual medical needs. You will be asked to submit supporting documents to include monthly therapy billing statements and references.

Once need is determined, NH will determine if aid will be granted. Once NH makes a decision the rider will be notified as soon as possible. You are responsible for full payments prior to approval.

All scholarship applications **must include the first page of the most recent IRS income tax return** and a **copy of an SSI or other government assistance check (if applicable)** as well as the rider packet and \$45 registration fee. If the rider is a minor, the tax return for the parent/legal guardian is required. Applications not containing financial information and registration forms will not be considered.

Financial assistance is awarded for 12 months. A new application MUST be submitted every year. No renewal will be considered if there is an outstanding balance on the client account.

All applications received by New Heights will be held in the strictest of confidence.

ADAPTIVE RIDING SCHOLARSHIP APPLICATION 2023

Section A. General Information

Participant Name: Mr. Miss Ms. Mrs. _____
Last First Middle

Birth Date: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-Mail: _____

Driver's License #: _____ State: _____

Section B. Household Information

<p>Current marital status of rider:</p> <p>Single <input type="checkbox"/> Married <input type="checkbox"/></p> <p>Separated <input type="checkbox"/> Divorced <input type="checkbox"/></p> <p>Widowed <input type="checkbox"/></p>	<p>Parent or Legal Guardian marital status:</p> <p>Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/></p> <p>Number of people in parent/guardians household _____</p>
<p>Household Income as declared to IRS in Federal Tax Return \$_____ (must provide copy)</p>	<p>Single household _____</p> <p>Multiple family household _____</p>

Section C. Special Circumstances

1. Are there any unusual medical expenses not paid by insurance: Yes No
2. Are there unusual costs for other dependent children: Yes No
3. Will Participant or parent/legal guardian financial situation for **2023** change significantly from **2022**? Yes No
 If yes, please use page use page 5 explaining the reason(s) why and provide documentation.

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Section D. *Untaxed Income*

Answer each question below as it applies to the participant, parent, and anyone else listed in the household under Section B. *Do not leave blanks.*

Source of Untaxed Income	Annual Amount
Payments to tax-deferred pensions and savings	
Money received or paid on the applicant's behalf (Participant only)	
Veteran's non-education benefits	
Other Untaxed/ Unreported Income	

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All information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not have proof when asked, financial aid may be denied.

By signing below, I agree to the following regarding financial aid:

YES NO

- I agree to notify New Heights of any change in the participants or my family's situation such as name, address, employment, marital status, dependency status, household size, a change in benefits received, or the receipt of outside financial aid.

- I certify that the information contained herein is true and correct to the best of my (our) knowledge.

- If a credit balance occurs on the participants account, I authorize the New Heights to retain the proceeds and apply that amount to lessons and fees for future lessons.

- I understand that if the participant is on a payment plan, I must make my payment on or before the due date or risk being withdrawn from the program.

- I understand that all requested forms and documents must be on file before the participant can receive financial aid funds.

- I understand that if the participant does not adhere to the New Heights attendance policy the scholarship may be revoked.

- I understand that financial aid is not automatically renewed. I must reapply every year and the amount of aid for which the participant is eligible may change due to changes at New Heights or my or the participants income situation.

All information will be kept confidential

Scholarships are provided for a 12-month period. You may reapply for aid every 12 months if the need is still there. Equine assisted therapies work when they are given consistently. Therefore, each time there is a financial aid reapplication submitted we will evaluate the progress of the rider and the consistency of their attendance. New Heights Therapy Center is a nonprofit organization dependent on fees for service and support from the community. All participants' families are encouraged to help where they can with our special events or in obtaining sponsors of scholarships. **For riders on scholarship, we ask that the family volunteer in the arena or during our special events as much as possible.**

Parent or Legal Guardian Signature

Date

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Section E. Additional Information for Scholarship Consideration

New Heights Therapeutic Riding Center
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www.NewHeightsTherapy.org