



Financial Assistance Guidelines

CHAPS Center for Horsemanship and Personal Success offers financial assistance in the form of a 'ridership'. A Ridership fund is available for riders who could not otherwise participate in our program. Because Ridership funds are limited we request that you pay as much of the weekly fee as possible, so there are available funds for all who need them.

Please review the guidelines below and complete the enclosed application. Please answer all questions as they apply to your situation. If you have any questions while completing this form call Mickey at (407) 574-0427.

- Riderships are applied for on an annual basis - Financial assistance is awarded for 12-month periods and does not automatically renew to additional years.
- An application must be completed prior to the first scheduled riding session. All information is kept confidential.
- ALL applications MUST include the first page of the most recent IRS income tax return, Schedule C or a copy of an SSI check. If the rider is a minor, the return for the responsible party is required. **Applications not containing the financial information will not be considered**
- The amount of funding *CHAPS Center for Horsemanship and Personal Success* has available for Ridership's may vary from year to year therefore we cannot guarantee assistance to every applicant. A sliding scale, based on the Federal Poverty Guidelines, will be used to determine the amount awarded. Additional consideration may be given for mitigating factors.
- Riders who are receiving Riderships and miss more than 3 lessons without prior notification to the instructor will be subject to forfeiting the funding and becoming ineligible for future Riderships. Unexpected hospitalization or physician prescribed absences will not be counted as reasons for discontinuing funding.
- Outstanding balances past 60-days MUST be paid in full in order to be considered for continuing funding.
- Ridership funds are raised through various fundraising event, and/or grants and community donors. We request that parents of riders or adult riders themselves offer support by volunteering at various tasks (barn maintenance, office work, fundraising, etc) to assist *CHAPS Center for Horsemanship and Personal Success*.



CHAPS Center for Horsemanship and Personal Success

Ridership Application

Participant Name: _____ Application Date: _____

Participant resides with: Parent(s) Guardian Self Number living in household: _____

Parent(s) or Guardian Name: _____

Please list all children living in the household, whether related or unrelated. Include all children temporarily away from home, such as a college student: _____

Does the participant currently ride anywhere else? **Y N** If yes, please specify _____

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

If yes, what agency or program? _____

Amount \$: _____

Please list your present amount of HOUSEHOLD monthly income and/or assistance:

Father \$: _____ Employer: _____

Mother \$: _____ Employer: _____

Applicant (if applicable) \$: _____ Employer: _____

Other (guardian, etc) \$: _____ Employer: _____

Please indicate amount of assistance for the participant from any of the following sources:

Social Security \$: _____ Medicaid \$: _____ Disability payments \$: _____ VA benefits \$: _____

Insurance Benefits \$: _____ Other \$: _____

The lesson fee at [CHAPS Center for Horsemanship and Personal Success](#) is \$45 per class for a private lesson. However, this covers only a portion of the estimated operating cost for each rider. The remainder of the cost is covered by donations and fundraising. A sliding scale based on the Federal Poverty Guidelines will be used to determine the amount awarded for a lesson scholarship.

By submitting this information and signing below I agree to the guidelines outlined in this application. I certify that the information provided in this application is correct to the best of my knowledge. I understand that I must notify [CHAPS Center for Horsemanship and Personal Success](#) if there are any changes in these circumstances during the current year.

Signed: _____ Date: _____

Rider, Parent or Guardian

➤ First page of the most recent IRS income tax return, Schedule C or a copy of an SSI check enclosed.



Please complete all questions as they apply to your situation:

How does therapeutic riding benefit you (if an independent participant) or your child?

In what other types of activities and therapy do you or your child participate and how often?

Are there any unusual circumstances (debt, illness, etc) you feel would be important in evaluating your request for consideration.

How will you volunteer or contribute in support of *CHAPS Center for Horsemanship and Personal Success* (i.e. fundraisers, events, classes, etc)

Additional comments:

Please return completed application to

**CHAPS Center for Horsemanship & Personal Success
4952 S. Sanford Ave
Sanford, FL 32773**

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For Office Use Only

Date received: _____ *Rider approved:* Y N *Amount awarded:* \$ _____