



Spirit Strides Therapeutic Riding Financial Aid Policy and Confidential Financial Worksheet

POLICY EFFECTIVE DATE: 01/03/2018

Purpose:

This Policy is intended to establish criteria to determine the appropriateness of qualification for financial aid available through grant scholarships. Spirit Strides Therapeutic Riding has a limited amount of scholarship funds that are available to our clients.

Determination of Financial Need

- a.** Decisions to offer financial aid will be made on a case-by-case basis. Spirit Strides Therapeutic Riding will consider a range of factors when choosing whether the client qualifies for full or partial scholarship. To support this decision, Spirit Strides Therapeutic Riding will compare the annual income, living expenses and debts. To ensure that decisions are appropriately documented and based upon uniform objective criteria, each client who desires financial aid must complete the attached confidential Financial Worksheet and submit the completed worksheet together with a copy of the responsible party's most recent W2 form or most recent Federal tax return with the Social Security numbers blacked out. The information on this worksheet will be compared to our policies to determine eligibility for reducing charges.
- b.** Decisions to grant financial aid are based upon the information supplied by the client in the Financial Worksheet and the W2 and/or Federal tax return. Written verification, when available, may be required to substantiate and verify information contained in the financial aid application. Spirit Strides Therapeutic Riding will also consider any other income and expenses including money earned in the entire household. Income and employment status verification may be required; including tax returns; check stubs, etc.
- c.** Spirit Strides Therapeutic Riding reserves the right to modify the criteria considered for a financial aid without notice.
- d.** Spirit Strides Therapeutic Riding reserves the right to decline financial aid to clients without explanation.
- e.** Prior receipt of scholarship funds DOES NOT guarantee any funds for future scholarships.

Criteria considered to qualify for financial aid:

- a.** Client's or family's income in relationship to 200% of National Poverty level.

- b. Client's or family's discretionary income (total monthly income less total monthly expenses).

Scholarship Guidelines:

- a. Any family or individual furnishing inaccurate or incomplete financial information will not be eligible for scholarship funding.
- b. Non-emergency cancellations MUST be made AT LEAST TWO (2) HOURS before the scheduled start time. Non-emergency cancellations made less than two hours before their scheduled start time will be considered unexcused and require full payment of the lesson fee and will not be rescheduled.
- c. With the exception of a verified emergency, riders who are no-show, no-call will be charged the full amount of their missed session and the session will not be rescheduled.
- d. All emergency cancellations must be verified.
- e. Because volunteers are already scheduled for certain hours and we often have several riders throughout the day, riders who arrive within 15 minutes of the beginning of their lesson, will have their scheduled lesson shortened to last until the scheduled end time, but still incur the full fee. If the Rider is more than 15 minutes late, that lesson will be considered an absence and incur full charges and will not be rescheduled.
- f. Riders will be limited to one (1) cancellation (excused or unexcused) within a 5 week session. Any second and subsequent cancellations will require payment for the missed lesson and will not be rescheduled, with exceptions being given at the discretion of Spirit Strides Therapeutic Riding.
- g. Upon a second cancellation or tardy, excused or unexcused, riders will be required to prepay for the remaining sessions, at the discretion of Spirit Strides Therapeutic Riding, future absences will incur the full fee for the missed lesson and may result in the cancellation of any remaining sessions.
- h. Scholarship riders who are unable to pay for lessons independently, but have exhausted their allowed absences/tardies, will be eligible to reapply for more scholarship funds at the end of six weeks from the date of the final absence. NO GUARANTEE IS MADE THAT FUNDS WILL BE

AVAILABLE, as funds made available to one rider may be given to another if attendance policies are not followed.

- i. Applicants will be subject to the same processes and rules as new applicants and will be placed at the end of the list for funds and lessons.

CONFIDENTIAL FINANCIAL WORKSHEET

- All application forms and necessary attachments should be placed in a sealed envelope and given or mailed to the Executive Director.
- All applications will be reviewed by the Board of Directors of Spirit Strides Therapeutic Riding and funding will be approved on an individual basis.
- Incomplete applications will not be considered.
- If you have any questions, please contact Brenda Gilliam, Executive Director at 636-524- 5656.

Client Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

Responsible Party: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

PLACE OF EMPLOYMENT; FAMILY SIZE

Client Employment: _____

Parent/Spouse: _____

Number of Dependents: _____

NET INCOME MONTHLY (Attach most recent W2 and/or most recent Federal tax return with all Social Security numbers blacked out)

Client's Income: \$ _____

Spouse's Income: \$ _____

Parents' Income (if minor): \$ _____

Other Family Income (Social Security, Disability, Child Support, etc.): \$ _____

TOTAL MONTHLY INCOME \$ _____

NET MONTHLY EXPENSES

Rent/House Payment: \$ _____

Car/Truck Payments: \$ _____

Utilities (electric, phone, gas, water): \$ _____

Loan payments (Bank, credit company, school loans): \$ _____

Child care: \$ _____

Child Support: \$ _____

Medical Fees (Dr, Rx, Hospital): \$ _____

TOTAL MONTHLY EXPENSES \$ _____

You certify the above information is true and accurate and that this application is made to allow Spirit Strides Therapeutic Riding, Inc. to determine your eligibility for financial aid.

If any of the information you have given proves to be untrue, we will promptly re-evaluate your financial status and take action necessary to revoke or discontinue financial aid.

Authorized Signature (*Client or parent or legal guardian if Client is a minor*):

_____ Date: _____/_____/_____

FOR SPIRIT STRIDES THERAPUETIC RIDING INC. USE ONLY:

Applicant approved or denied for financial hardship assistance.

APPROVED DENIED

Authorized Signature: _____

Date: _____/_____/_____