



Request for Financial Assistance

Exceptional Equestrians has made a commitment to our community to provide access to our facilities and programs regardless of ability to pay because we believe every individual with special needs can benefit from our services. Exceptional Equestrians is able to fulfill this commitment and keep its fees affordable through the generous support of our financial partners and donors.

Financial Assistance is awarded in the form of a discount on qualified programs and services. Awards are determined using a sliding scale, based on household income and size. To maximize the use of donor-contributed funds, families applying for assistance are also asked to seek funding directly from other state, county, or community resources for which they may be eligible. If you are not familiar with these resources, please contact Exceptional Equestrians for more information.

To process your request for Financial Assistance, provide all applicable documentation:

- Completed Financial Assistance Application form. If seeking multiple awards, a separate application must be completed for each client and / or program.
- Copy of most recent tax return. Generally, the first two (2) pages of IRS Form 1040 are sufficient to verify household income and number of dependents.
- If you have no income, a notarized letter from person(s) who provide your monthly living expenses.
- Copies of other state, county, or community funding for which you have applied but been denied (Letters of Denial).

**** If you do not provide the required documentation, the application process will be delayed until all documentation is received and the form is filled out completely. ****

Please allow at least 14 days to process your application. After that time, you may contact Exceptional Equestrians to see if your application has been approved or to see if additional information is required.

If you provide a valid email address on the form, **you will receive notification via email once your application has been processed, stating whether or not you have been approved.** If no email is listed or the one provided is invalid, you will be sent a determination letter via regular mail.

Exceptional Equestrians reserves the right to require all families to reapply for financial assistance when requested and to keep the information on their application form updated. **Fees and discounts are subject to change when you reapply.** If you choose not to reapply when requested, the amount of your award may be reduced or cancelled.

At Exceptional Equestrians, we are proud of our commitment to provide services to all who seek them, regardless of ability to pay.

Your Path. Our Mission. Together we are Exceptional!

Request for Financial Assistance Application Form

Client Name: _____ **Date of Birth:** _____

Responsible Party Name(s): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: _____ **Email:** _____

Household Income Last Year: \$ _____ Anticipated Income This Year: \$ _____

Total Number of Household Members (Including the Client): _____

Requested Services: Check the service for which you are requesting financial assistance.

- Hippotherapy
- Adaptive Riding
- Equine-Experiential Therapy (Taking the Lead: Girls Rule! or Maverick Series)

Other Financial Assistance: List all state, county, or community funding you receive or for which you have applied in the past six (6) months and provide status of application (Awarded, Pending, * Denied).

Funding Source or Agency	Status of Application
Children's Long-Term Support Program (CLTS Waiver)	

* If Denied, provide a copy of the Letter of Denial

What amount would you be able to contribute towards the service fee? \$ _____

Acknowledgement and Signature: I hereby acknowledge the above information is true and correct. I authorize Exceptional Equestrians Company to verify and use the above information for the sole purpose of determining financial need. I understand if I do not qualify for assistance, I will be notified.

Responsible Party Signature: _____ Date: _____

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Determination (Circle One): Approved Denied	% of Aid Awarded (from Funding Matrix) _____ %
or Reason for Denial _____	Date Received: _____
Processed by (EE Rep): _____	Date Processed: _____