Hippotherapy Program Scholarship Application

Thank you for your interest in the **Hippotherapy Scholarship Program** offered by **White Horse Equine Assisted Services, LLC**. This scholarship is intended to increase access to medically-based hippotherapy services for individuals who demonstrate financial need.

Please complete all sections of this application. ALL SECTIONS need to be completed or this application will not be considered. Submission of this form does NOT guarantee the award of a scholarship.

Applicant Information

Participant Name: _____

Date of Birth: _____ Age: _____

Primary Diagnosis (as documented by a licensed provider):

Parent/Guardian Name (if participant is a minor):

Address:

City, State, Zip:

Phone Number: _____ Email Address: _____

Therapy & Program Information

Referring Therapist / Medical Provider (if applicable):

Discipline (check all that apply):
☐ Occupational Therapy ☐ Physical Therapy ☐ Speech-Language Therapy

We are currently only providing Occupational Therapy services

Anticipated Start Date of Hippotherapy: _____

Financial Information

Total Annual Household Income:
☐ Under $25,000
☐ $25,000–$49,999
☐ $50,000–$74,999
☐ $75,000–$99,999
☐ $100,000+

Number of Dependents in Household: _____

Are you currently receiving any of the following? (check all that apply):
☐ Medicaid ☐ SSI/SSDI ☐ State Waiver Services ☐ Other Assistance:_____

Primary Insurance Provider (must provide):_____

Secondary Insurance Provider (must provide if applicable):_____

Will your insurance provider reimburse Occupational Therapy services?
☐ Yes ☐ No ☐ Partially ☐ Unsure

*If the answer is unsure, the applicant WILL NOT be provided any scholarship funds.

Scholarship Request

Amount of Scholarship Assistance Requested (check and circle one):

- ☐ **4 Week Program Period:** 25%- $120 50%- $240 75%- $360
- ☐ **8 Weeks (Two Scheduled Program Periods):** 25%- $240 50%- $480 75%- $720

Personal Statement

Please describe your financial need and how participation in the hippotherapy program would benefit the participant. (Attach additional pages if needed.)

Supporting Documentation (Required)

Please attach copies of the following:

- Proof of income (recent tax return, pay stub, or benefits statement)
- Therapy prescription or plan of care
- Insurance explanation of benefits (if available)

Acknowledgment & Consent

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that providing false or misleading information may result in denial or termination of scholarship assistance.

I acknowledge that scholarship awards are subject to availability of funds and program appropriateness.

Signature (Parent/Guardian or Participant): _____

Printed Name: _____ Date: _____

Submission Instructions

Please submit this completed application and all supporting documentation to:

White Horse Equine Assisted Services, LLC
Email: whitehorseequineservices@gmail.com

Applications are reviewed on an every two month basis by our Hippotherapy Scholarship Committee. Applicants will be notified of decisions once review is complete.

White Horse Equine Assisted Services, LLC reserves the right to modify or discontinue the scholarship program at any time.