



Horses of Hope, Inc.

“Giving Hope One Individual at a Time”

Horses of Hope is dedicated to making our services available to all who can benefit from therapeutic riding. Through the sponsorship grant funded by the Clinton County United Way and any private donations received, Horses of Hope is hoping to offer financial assistance to families and individuals who qualify and cannot afford the program fees. This assistance is provided in the form of adjusted fees to those who demonstrate need.

The cost of each lesson is \$35.00. Sponsorship funds will be awarded based upon financial need. Our hope is that no rider be turned away for lack of funds. In order for the financial committee to determine eligibility and to be fair, we ask that a copy of your previous years tax return be included with your application.

Please keep a copy of the following sponsorship policy for your records:

- * A Sponsorship Application Form must be completed at the time of your application for the program, including tax-returns or supporting documentation of financial need. Please note all information is kept confidential.
- * A sponsorship committee will review all completed applications. If necessary a meeting will be arranged with a member of this committee to review your application with you.
- * Final determination of sponsorships given will be based on the demonstrated financial need of the Rider's family, the amount of the requests for assistance and the funds available.

Sponsorship recipients and/or their parents or care providers **are required to volunteer at one event or to help with lesson at the farm AND sell at least one item for fundraiser during each ten week session.** Here is a list of ways you can help:

- * Parents/care providers are welcome to volunteer during their child's lesson (requires attendance at one volunteer orientation & training – dates on calendar or speak with Volunteer Coordinator.
- * Volunteer for an event – Wal Mart Can Days, Bingo's, Open House, etc.
- * Assist in selling for fundraisers – Candy bars, sandwiches, Kiwanis raffle tickets, etc.
- * Hold your own fundraiser for Horses of Hope!!

It is important to emphasize that sponsorship funds are limited. Sponsorship requests are reviewed on household income, number of dependants, and possibly special circumstances. It is our goal to assist as many children and adults with disabilities as possible who need our services and not have anyone turned away due to finances.

If you have any questions about the sponsorship application or process, please contact the Participant Coordinator, Julie Marconi at 570-726-8533.

Mailing Address: PO Box 94, Lock Haven, PA 17745

Farm Address: 101 Stoltzfus Lane, Mackeyville, PA

Phone: (570)726-8533 Email: horsesofhopeinc.@gmail.com www.horsesofhope.org



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Sponsorship Application

This application is for sponsorship assistance at Horses of Hope, Inc. The information will be kept confidential and made available only to our Sponsorship Committee.

Completion of an application is required annually.

If you think a sponsorship is required, it is important that applications be completed on time and that the most current tax return is included at the time of the application.

Rider's Name: _____

Parents/Guardian (if applicable): Father: _____ Mother: _____

Please list all pertinent information:

Home phone: _____ Cell phone: _____

E-mail Addresses: _____

Home Address: _____

City, Zip Code: _____

Occupation(s): _____

Employer(s): _____

What is your total annual gross household income? _____

Please attach a copy of your most recent tax-return and (if applicable) a copy of your SSI check.

Is SSI your only source of income? Y____ N____

Has there been any change in status since you filed your tax return? Y____ N____

If yes, please explain: _____

Please list dependent children: _____

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Please list any medical expenses or special circumstances that you have that are not covered by your health insurance:

Please check each box below to ensure you are aware of your responsibilities as a sponsorship recipient. Sign and date at bottom.

- I agree to the volunteer requirement to help at one event or during lessons AND to help sell during a fundraiser sale to help contribute towards the program needs. (Listed above on page 1 are some ways you can help) Sponsorship riders that do not volunteer the minimum requirement will be ineligible for continued sponsorships assistance this year. It is the responsibility of the applicant and / or their family to check event calendar on website and / or bulletin board community room for upcoming events and fundraisers. Any questions about a specific fundraiser can be directed to the Participant Coordinator, Julie Marconi at 570-660-2015.

To ensure that everyone gets the most out of their therapeutic riding lessons, we will be strictly enforcing an attendance policy for sponsorship riders.

- I understand any sponsorship rider WHO MISSES MORE THAN ONE LESSON in any one 10 week session WITHOUT A 2 HOUR NOTICE will forfeit their sponsorship.**
- I understand any sponsorship rider who misses a lesson without notice - not calling at least 2 hours ahead to cancel will be also be charged a \$10 “No Show” fee.**
- I understand that _____ (name of sponsorship recipient) will automatically forfeit his/her Horses of Hope sponsorship if more than 1 lesson is missed in any one session. A \$10 “No Show” fee will be charged if a cancellation call is not placed at least 2 hours prior to the start of the lesson.**
- Determination of a sponsorship is based on your income, amount of request received and funds available.**

**** Please list below any special circumstances that you would like to be considered when determining eligibility for assistance.**

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I certify that all of the information provided in this document is true and correct.

Name: _____

Relationship to applicant: _____

Signature: _____ Date: _____

Thank you for requesting a Participant Packet.

Horses of Hope is excited to offer Equine Assisted Activities for individuals with special needs. This packet includes forms that will be helpful and necessary so we are able to safely meet the needs of our participants. Please complete/sign all applicable forms and return to Horses of Hope at the address below.

Following is a checklist of **Required** forms, etc. to assist you:

____ Registration Form

____ Photo & Video Release

____ Waiver and Release

____ Authorization for Emergency Medical Treatment

____ Participant Policies and Procedures (Keep first 2 pages send in 3rd signature page)

____ Payment Policy

When your packet is received, we will notify you to set up an appointment for an evaluation at the farm. This meeting time will also give the prospective participant an opportunity to meet with the Horses of Hope staff, get acquainted with the horses, and become familiar with the layout of the farm.

We look forward to meeting with you and serving your individual needs. If you have any further questions, please feel free to contact me.

Sincerely,

Laurie Flanagan
Executive Director

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