

Scholarship funds are limited, and intended to assist those with financial need who would otherwise not be able to participate in a therapeutic horsemanship experience.

THERAPEUTIC HORSE PROGRAM SCHOLARSHIP APPLICATION 2019, *page 1 of 5* GUIDELINES

Up to fifteen (15) vouchers may be awarded to an individual, to be used for therapeutic horseback riding lessons, horse care, leading, cart riding, & other horse related activities during 2019. We anticipate the following stables will participate this year:

- Verde View Equestrian Center, 746 Colesville Road, Binghamton (near Sanitaria Springs)
- Athelas Therapeutic Riding, 1179 County Highway 5, Otego
- Golden Gait Farm, 3613 Pine Swamp Road, Sidney Center

Horse program activities must be scheduled by the individual & their family/advocate. Vouchers **must be used by December 31, 2019**.

Scholarship recipients from prior years may apply, but those who *did not use their vouchers*, or who were *no-shows for scheduled sessions* are not likely to receive a scholarship again.

The following guidelines and criteria will determine an applicant's scholarship eligibility:

- Scholarships are available to children & adults with developmental disabilities who receive services from Springbrook &/or Southern Tier Connect.
- *Preference will be given to those who demonstrate financial need &/or circumstances that hinder their participation in a therapeutic horse program without scholarship assistance.*
- The application requires clear goals for the individual's participation.
- Vouchers are to be used during the current year, and at the participating stables.
- The application must clearly indicate who will be responsible for scheduling lessons & arranging transportation.

APPLICATIONS MUST BE RECEIVED BY MARCH 6, 2019. There is no online application format this year. You must print and complete the **application AND authorization for release of information**, and submit both to Barb Hein, Development Department (see page 4). **Scholarship recipients will be notified in late March.**

STAFF: Please involve the individual, family, &/or advocate when applying.

QUESTIONS? Contact Sherry Waffle waffles@springbrookny.org, 607-353-7272 x2800 or Barb Hein heinb@springbrookny.org, 607-286-7171 x303

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NOTE: See Springbrook's Notice of Privacy Practices (http://www.springbrookny.org/files/3315/2509/3907/Notice_of_Privacy_Practices.pdf) for information on how this information may be used. If you have questions about privacy practices, please contact Springbrook's Privacy Officer at 607-353-7272 x2100.

APPLICANT (RIDER) INFORMATION

Name: _____

Address: _____

Age: _____ Phone: (____) _____ - _____ Email: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Applicant receives services from: Springbrook YES NO; Southern Tier Connect: YES NO

Person Requesting Funds: _____ (Name & Relationship to Applicant)

Who will be responsible for scheduling lessons/ notifying stable of changes or cancellations?

_____ (For example: parent, res supervisor, ?)

Who will provide transport to/from lessons?: _____

Please describe how the applicant would benefit from participating in the Therapeutic Horse Program. What are the **goals** for the applicant with regard to this program? *A follow-up questionnaire will be completed at the end of the lesson period.*

1.

2.

3.

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Are there any special concerns or needs that we should be aware of (medical or otherwise)?

Please include a statement of need, financial hardship or circumstances that demonstrate why a scholarship is needed in order for the applicant to participate in Therapeutic Horseback Riding.

Please check if you receive: Food Stamps/SNAP TANF HEAP

Is the applicant comfortable around animals? *Please describe any contact with horses specifically.*

Has the **attempt been made** to obtain any funding from another source for this purpose? If yes, where and when did you apply? Was funding approved?

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We anticipate that the following stables will participate this year. Please indicate your preference:

- Verde View Equestrian Center, 746 Colesville Road, Binghamton (near Sanitaria Springs)
- Athelas Therapeutic Riding, 1179 County Highway 5, Otego
- Golden Gait Farm, 3613 Pine Swamp Road, Sidney Center

Signature of Parent/Guardian/Advocate/Individual

Date

Signature of person requesting funds (if different from above)

Date

Completed Application with Authorization for Release of Information must be RECEIVED by Wed, March 6, 2019

Please submit your application in ONE of these ways:

- 1) MAIL hard copy to Barb Hein, Springbrook Development Department, 105 Campus Drive, Oneonta NY 13820
- 2) EMAIL to heinb@springbrookny.org
- 3) FAX to Barb Hein @ 607-286-7166



AUTHORIZATION FOR RELEASE OF INFORMATION for THERAPEUTIC HORSE PROGRAM SCHOLARSHIP

I. Individual (Scholarship Applicant)

Name: X	DOB: X
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II. Requesting Party

Name and Address: Springbrook (Therapeutic Horse Scholarship Committee) 105 Campus Drive, Oneonta, NY 13820
Relationship to Individual or Department and Title: Therapeutic Horse Program Scholarship Committee
Purpose of Request: TO COMMUNICATE WITH STAFF OF ATHELAS THERAPEUTIC RIDING, GOLDEN GAIT FARM, &/OR VERDE VIEW EQUESTRIAN CENTER REGARDING PARTICIPATION IN THERAPEUTIC RIDING ACTIVITIES
Date of Request: 2/1/19
Nature of information to be released and Dates of Treatment: ATTENDANCE, SESSION SUMMARIES/PROGRESS NOTES, BILLING DURING CALENDAR YEAR 2019
I understand that this information is confidential and protected from disclosure to any other party.

III. Authorization

I hereby authorize the instructor/staff of ATHELAS THERAPEUTIC RIDING, GOLDEN GAIT FARM &/OR VERDE VIEW EQUESTRIAN CENTER to release the requested information from my clinical record to Springbrook.

I understand I have the right to cancel my permission to release information at any time before it is released.

Individual	Person Authorized to Act On Behalf of the Individual
Signature	Signature
Date of Birth Date of Authorization	Relationship/Title Date of Authorization
Signature/Title of Witness	Address

IV. Verification of Release

Date Information Released: _____
Signature/Title of Person Releasing Information

This authorization of information is in effect for **one year unless revoked**
This authorization is revoked effective _____

See Springbrook’s Notice of Privacy Practices for information on how your information may be used.
http://www.springbrookny.org/files/3315/2509/3907/Notice_of_Privacy_Practices.pdf
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