



Keeping Pace, a N.J. Non-Profit Corporation
Providing scholarships for horse enthusiasts with special needs

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APPLICATION FORM

APPLICATION MADE ON BEHALF OF: _____

APPLICATION COMPLETED BY: _____

DATE: _____

PLEASE COMPLETE EACH ITEM ON THIS FORM. BE SURE TO ANSWER EACH REQUEST WITH DETAILED INFORMATION AND SIGN AND DATE THE APPLICATION WHERE INDICATED. THE ANSWERS YOU PROVIDE KEEPING PACE WILL HELP DETERMINE YOUR SCHOLARSHIP ELIGIBILITY. KEEPING PACE RESPECTS THE PRIVACY AND CONFIDENTIALITY OF APPLICANTS AND CLIENTS. INFORMATION PROVIDED IN YOUR APPLICATION IS USED FOR SCHOLARSHIP PURPOSES.

FOR OFFICE USE ONLY	
1A _____ _____	PLEASE INDICATE THE EQUINE ACTIVITY IN WHICH YOU WISH TO PARTICIPATE: ____ HIPPOThERAPY ____ THERAPEUTIC RIDING WHAT ARE THE ANTICIPATED COSTS ASSOCIATED WITH THE ACTIVITY CHECKED? \$ _____
1B _____ _____	IF HIPPOThERAPY, IS THE PROVIDER YOU SEEK TO WORK WITH AN ____ OCCUPATIONAL THERAPIST (OT) ____ PHYSICAL THERAPIST (PT) ____ SPEECH THERAPIST (ST)
1C _____ _____	DOES YOUR MEDICAL INSURANCE COVER THE OUTPATIENT OT, PT, OR ST SERVICES YOU ARE SEEKING? ____ YES ____ No IF YES, PLEASE PROVIDE COVERAGE DETAILS RELATED TO THIS OUTPATIENT THERAPY. VERIFICATION MAY BE REQUESTED. _____ _____

<p>2</p> <p>_____</p>	<p>PLEASE ENCLOSE PROOF THAT CLIENT HAS BEEN APPROVED BY HIS/HER PHYSICIAN TO PARTICIPATE IN EQUINE ASSISTED ACTIVITIES OR EQUINE ASSISTED THERAPIES. A PRESCRIPTION PAD NOTE OR LETTER FROM THE TREATING PHYSICIAN IS ACCEPTABLE PROOF.</p> <p>INDICATE THE FORM OF PROOF SUBMITTED:</p> <p>_____</p>
<p>3A</p> <p>_____</p>	<p>INDICATE THE NAME, ADDRESS, PHONE NUMBER, AND E-MAIL OF THE PROGRAM AND THERAPIST YOU WISH TO WORK WITH.</p> <p>NAME: _____</p> <p>ADDRESS: _____</p> <p>PHONE NUMBER: (_____) _____</p> <p>E-MAIL: _____</p> <p>NOTE: PARTICIPATING PROGRAMS MUST HAVE NORTH AMERICAN RIDING FOR THE HANDICAPPED ASSOCIATION (NARHA) REGISTERED INSTRUCTORS AND OR THERAPISTS OR BE WORKING WITH NARHA REGISTERED INSTRUCTORS AND OR THERAPISTS AS ADVISORS.</p>
<p>3B</p> <p>_____</p>	<p>DOES THE PROGRAM INDICATED IN 3A PROVIDE SCHOLARSHIP OPPORTUNITIES? PLEASE EXPLAIN.</p> <p>_____ YES (EXPLAIN: _____)</p> <p>_____ No</p>
<p>4</p> <p>_____</p>	<p>INDICATE THE AMOUNT OF SCHOLARSHIP FUNDING ARE YOU REQUESTING.</p> <p>\$ _____ PER SESSION FOR _____ WEEKS</p>
<p>5A</p> <p>_____</p>	<p>LIST OTHER FUNDING SOURCES YOU HAVE EXPLORED. EXAMPLE: SUNSHINE FUND, KIWANIS, DEPARTMENT OF DEVELOPMENTAL DISABILITIES.</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>5B</p> <p>_____</p>	<p>HAVE YOU RECEIVED FINANCIAL SUPPORT FROM ANY ORGANIZATION(S) LISTED IN 5A?</p> <p>_____ YES. I HAVE RECEIVED FINANCIAL SUPPORT FROM _____ IN THE AMOUNT OF \$ _____ PER _____.</p> <p>_____ NO. I HAVE NOT RECEIVED FINANCIAL SUPPORT.</p>
<p>6</p> <p>_____</p>	<p>HAVE YOU RECEIVED FUNDING FROM KEEPING PACE IN THE PAST?</p> <p>_____ YES. PLEASE PROVIDE AMOUNT AND DATES.</p> <p>_____ No.</p>
<p>7</p> <p>_____</p>	<p>WHAT BENEFITS ARE EXPECTED TO BE GAINED FROM PARTICIPATING IN THIS ACTIVITY?</p> <p>_____</p> <p>_____</p>

8 _____	<p>HAS THE APPLICANT PARTICIPATED IN ANY EQUINE ASSISTED ACTIVITY OR EQUINE ASSISTED THERAPY?</p> <p>_____ YES:</p> <p>_____ THE APPLICANT IS CURRENTLY PARTICIPATING. BELOW, PLEASE NAME AND DESCRIBE THE PROGRAM, AND PROVIDE INITIAL PARTICIPATION DATE.</p> <p>_____ NO LONGER PARTICIPATING. BELOW, PLEASE NAME AND DESCRIBE THE PROGRAM, AND DATES OF PARTICIPATION, AND REASON FOR DISCONTINUATION.</p> <p>PROGRAM NAME: _____</p> <p>PROGRAM DESCRIPTION: _____</p> <p>_____</p> <p>DATE OF INITIAL PARTICIPATION _____</p> <p>_____</p> <p>IF APPLICABLE: _____ REASON FOR _____</p> <p>DISCONTINUATION _____</p> <p>_____</p> <p>_____ NO: APPLICANT HAS NEVER PARTICIPATED IN ANY EQUINE ASSISTED ACTIVITY OR EQUINE ASSISTED THERAPY.</p>
9 _____	<p>ON A SEPARATE SHEET OF PAPER, PLEASE BRIEFLY EXPLAIN YOUR CURRENT FINANCIAL SITUATION SUGGESTING THE NEED FOR SCHOLARSHIP. A PERSONAL INTERVIEW WITH A MEMBER OF THE REVIEW COMMITTEE MAY BE REQUESTED.</p>
10 _____	<p>PLEASE INCLUDE A LETTER OF RECOMMENDATION FROM YOUR HEALTH CARE PROFESSIONAL OR SPECIAL EDUCATOR TO SUPPORT POTENTIAL BENEFITS FROM PARTICIPATION IN THE REQUESTED PROGRAM NOTED IN QUESTION 1.</p>

I ATTEST TO THE NEED FOR FINANCIAL ASSISTANCE AND TO THE FACT THAT THE INFORMATION PROVIDED HEREIN IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

PRINT NAME: _____

SIGNATURE: _____

DATE _____

FOR OFFICE USE ONLY:	RATER'S NAME: _____	DATE: _____
COMMENTS AND RECOMMENDATIONS: _____		

