



EXCEPTIONAL EQUESTRIANS

WHERE HORSES HELP CHILDREN EXPERIENCE THE EXCEPTIONAL

Scholarship Program

Our priority is to make our services affordable because we believe that every individual with special needs can benefit from our services. We are committed to ensuring that no one misses the opportunity to receive therapy due to financial burden.

As a non-profit organization, we raise funds to be able to offer a sliding fee scale for families in need. To keep our program sustainable, we ask families to also seek funding from county and other community funding resources that provide funding directly to families.

To request scholarship funding:

- Review, complete, and submit the attached scholarship application.
- You will receive a scholarship determination via email.
- Scholarships are renewable each year at tax time by completing a new application.

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

Funding Resources for Families

State of Wisconsin Dept. of Human Resources

- **IRIS**
Web site: <https://www.dhs.wisconsin.gov/iris/index.htm>
Email: DHSIRIS@wisconsin.gov
Phone: 1-888-515-IRIS (4747)
- **Family Care**
Web site: <https://www.dhs.wisconsin.gov/familycare/index.htm>
email DHSFCWebmail@wisconsin.gov
Phone: 608-267-7286

County Programs for Children with Delays and Disabilities

Visit www.dhs.wisconsin.gov/clts/contact.htm for program contacts for your county.

- **Children's Long-Term Support Waivers**
- **Katie Beckett Program**

Private foundations that grant funds to individuals and families:

ATI Foundation *children, horseback therapy*
<https://www.atipt.com/beneficiary-application>

Kya's Krusade *physical disabilities, children, families*
www.kyaskrusade.org
financialassist@kyaskrusade.org (614) 893-4674

Lindsay Foundation *children w/ special needs*
www.lindsayfoundation.org
helpforachild@lindsayfoundation.org (281) 399-2937

Act Today! *autism*
www.act-today.org 877-922-8863

First Hand Foundation *children*
www.firsthandfoundation.org/request-funding/
(816) 201-1569

Autism Spectrum Disorder Foundation *autism*
www.myASDF.org
info@myasdf.org 877-806-0635

National Autism Assoc Helping Hand Program *autism*
<http://nationalautismassociation.org/family-support/programs/helping-hand/>
877-622-2884

Lauren's Hope Foundation *brain injury, children*
www.laurenshopefoundation.com

Friends of Man *all needs, all ages*
www.friendsofman.org (303) 798-2342

Challenged Athletes Foundation *physical disabilities*
www.challengedathletes.org/programs/grants/
(858) 866-0959 carolynec@challengedathletes.org

Small Steps in Speech *speech & lang disorders, children*
www.smallstepsinspeech.org/ 888-577-3256

United Healthcare Children's Foundation *children*
www.uhccf.org/

Aubrey Rose Foundation *children*
www.aubreyrose.org/grants

My Gym Challenged America Foundation *physical or developmental disabilities, children*
challengedamerica.com/tell.asp?page=3

Multiple Sclerosis Foundation *ms, adults*
<https://msfocus.org/Get-Help/MSF-Programs-Grants/Health-and-Wellness-Program>
888-MSFOCUS

Wheel to Walk Foundation *children to age 20*
www.wheeltowalk.com/
(503) 257-1401

Montana Melin Foundation *Down syndrome, children*
www.montanamelinfoundation.com
735 County Rd KK, Kaukauna WI 54130
montanamelinfoundation@yahoo.com
(920) 858-6244

MCCD Midwest Council for Children with Disabilities
www.mccdcares.com/pdf/2016/financial/MCCD_App_2016_ILWI_Form.pdf *hippotherapy, children*
(920) 207-4561

The Angel Fund *cancer, children*
www.theangelfundforchildren.org (920) 615-6363

Families of Children with Cancer *cancer, children*
www.focwc.org (920) 406-9667 tim@focwc.org

Additional resource for identifying funding assistance:

Paralysis Resource Center (PRC) Information Specialist Team
800-539-7309

Your local social, cultural, business, and civic clubs and groups also welcome funding requests.



Application for Scholarship Funding

Client Name: _____ Parent/Caregiver: _____

Email: _____ Phone: _____

☐ Request to receive minimum (25%) scholarship

Number of people in household: _____

☐ I have applied for county or other community funding and been denied. *Required, see attached.

Please list: _____

☐ Request for additional scholarship funding

Number of people in household: _____

Total income last year: _____

Anticipated income this year: _____

☐ Provide a copy of your IRS 1040 (first two pages of your federal tax return).

Please check all that apply:

☐ I have applied for county or other community funding and been denied. * Required, see attached.

Please list: _____

☐ I do not qualify for insurance, Medicaid Assistance or Medicare for this service.

☐ I have extenuating factors that add financial strain. (Briefly describe.)

What amount would you be able to contribute to the session fee? _____

Are you willing to write a letter to the donors who provided financial assistance to Exceptional Equestrians' Scholarship Program? ☐ Yes ☐ No

Applicant signature: _____ Date: _____

☒ Submit this application to Exceptional Equestrians.

☒ You will receive a scholarship determination via email.

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Income on 1040: _____

Dependents claimed: _____

Exceptional Equestrians rep: _____

Date: _____

Program: _____

Determination: _____