

**Right Step Sponsorship Fund, INC**  
**Information and Application for Funds**

1. The Right Step Sponsorship Fund is made available to any individual who would benefit from equine assisted activities. Sponsorship is based on physician's prescription and/or release; acceptance into a Michigan NARHA Participating Facility; lack of insurance coverage; and financial need.
2. Final determination is based on federal poverty guidelines, the demonstrated financial need and the funds available at that time. The amount available may vary from quarter to quarter with a maximum possible sponsorship of \$1000.
3. An application form must be completed in the registration timeframe for the period for which it is requested (Jan 1-Feb 15 for March-June Sponsorship; April 1-May 15 for June-September Sponsorship; July 1-August 15 for September-December Sponsorship; Oct 1-Nov 15 for Dec-March Sponsorship). **All requested information must be provided.** Incomplete or late forms cannot be considered.
4. ALL INFORMATION IS KEPT CONFIDENTIAL.
5. Sponsorships may not be used to replace or supplement any other funds available to the rider. They are to be used only when no other sources of funds are available.

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APPLICATION

Today's Date: \_\_\_\_\_ Circle Fund Date: Dec-March    March-June    June-Sept    Sept-Dec

**LATE APPLICATIONS WILL NOT BE CONSIDERED**

Student Name: _____ Date of Birth: _____	
Disability: _____ Program Name: _____	
Have you applied before? Yes _____ No _____ # of Scheduled Visits _____ Cost per visit _____	
Amount Requesting: _____ Additional Costs (i.e. evaluation): _____	
*Date of last application submitted _____	
<b>[Please Note: Full Application with financials must be submitted annually]</b>	
Has any information changed since last application was submitted? Yes* _____ No _____	
*If yes, please fill out current application listing changes below. Thank You.	

**Part I (Information requested applies to Parent/Guardian or Independent Student)**

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Student resides with    Mother    Father    Both Parents    Guardian    Self

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Married    Single    Divorced/Separated    Widowed

Number of children \_\_\_\_\_ Ages \_\_\_\_\_ Number living at home \_\_\_\_\_

**FINANCIAL RESOURCES – Must be completed to be considered for funding**

***What is your present amount of monthly income and/or assistance?***

***You must enclose a copy of your last income tax return and W2's. Please list the amount received from each of the following sources for all that apply:***

Alimony/Maintenance	Wages
Savings	Welfare
Social Security	Pension/Retirement
VA Benefits	General Assistance
Medicaid	Insurance Benefits
Unemployment Insurance	Respite Care Funds
Child Support	Disability Payments
Spousal Support	Other

**If you are eligible for any Insurance or other funding not mentioned, please indicate:**

1. In what other types of activities and therapy does student participate and how often?

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2. How will equine assisted activities benefit you (if independent student) or your child?

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3. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for assistance:

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Any Additional Comments:

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I certify that the information provided in this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<b><i>For Official Use Only</i></b>	
<b><i>Amount Granted:</i></b> _____	<b><i>Date:</i></b> _____