

**Approved Provider Application**

This application must be completed in full to become an eligible Approved Provider in the Right Step Sponsorship Fund, INC. Questions? Email [sponsor@rightsteptherapy.com](mailto:sponsor@rightsteptherapy.com)

*Please answer the following:*

- YES NO We procure a Physician’s Prescription for therapy services if applicable
- YES NO A Physician’s Release is signed for all our participants in equestrian activities
- YES NO We agree to abide to the Bylaws of the Right Step Sponsorship Fund, INC
- YES NO We agree to utilize all Sponsor Fund Forms on [www.sponsorfund.org](http://www.sponsorfund.org)
- YES NO We are located in Michigan
- YES NO We are a current in training and credentialing in EAA – List: \_\_\_\_\_

If answers are NO to any of the above, you are probably not eligible to become or maintain Participating Facility status. If you wish to continue with the Approval process, please explain NO answers: \_\_\_\_\_

What is the legal structure of applicants business? FOR PROFIT NOT-FOR-PROFIT

Name of Applicants Business \_\_\_\_\_

Name and Title of Contact \_\_\_\_\_

Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Fax # \_\_\_\_\_ Website \_\_\_\_\_

Please outline costs your center charges for services sponsor funds may be applied to:

\_\_\_\_\_  
\_\_\_\_\_

- 1) *If any information provided in this application changes, the applicant or representative agrees to provide updated information immediately at the next scheduled Sponsor Fund Board Meeting.*
- 2) *The applicant certifies that the information provided in this application is correct to the best of their knowledge.*
- 3) *Upon approval, the applicant will be known as an Approved Provider in the Sponsor Fund and will appoint a representative to the Sponsor Fund Board.*
- 4) *Approved Provider’s agree to abide by the Bylaws of the Right Step Sponsorship Fund, Inc.*
- 5) *Each Approved Provider understands they will complete their own individual fundraising for their particular Scholarship Sponsor Fund Applicants.*
- 6) *Each Approved Provider agrees to assist in promoting the Sponsor Fund Goodsearch/Goodshop and any other fundraising as may be voted on by the sponsor fund Board of Director’s to cover general expenses including but not limited to website maintenance, annual IRS filings, Corporation filings, Advertising, and Research.*
- 7) *Applications must include a non-refundable application filing fee of \$100*

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Print Name Title

*Mail completed applications and non-refundable application fee payable to **Right Step Sponsor Fund:**  
5600 Katz Road, Grass Lake, Michigan 49240*