

# Southern Tier Alternative Therapies, Inc.

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**PLEASE SUBMIT ON OR BEFORE JULY 1<sup>st</sup>**



## 2010 Scholarship Application

### **Biographical Information** *(Please print)*

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Address \_\_\_\_\_ APT# \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Names of Parents/Guardians: (#1. being preferred and #2. being secondary contact)

1. \_\_\_\_\_ 2. \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Phone/Cell Nos. \_\_\_\_\_ Phone/Cell Nos. \_\_\_\_\_

### **Therapy Information**

Type of Therapy *(please circle one)*:      Hippotherapy      Therapeutic Riding      Lessons

Preferred Facility\* \_\_\_\_\_ County\*\* \_\_\_\_\_

Therapist/Instructor Name\*\*\* \_\_\_\_\_ Discipline: PT OT SP Other

Therapist Phone \_\_\_\_\_ E-mail \_\_\_\_\_

What time of day is best for your child to ride? \_\_\_\_\_ Day of week? \_\_\_\_\_

What riding season(s) are you interested in *(check all that apply)*? \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall

What are your goals for this experience? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Concerns/Needs \_\_\_\_\_

\_\_\_\_\_

How were you referred to STAT? \_\_\_\_\_

### **Additional Information**

TABS# \_\_\_\_\_ Medicaid Number \_\_\_\_\_

Diagnosis \_\_\_\_\_

Noting your child's diagnosis is necessary as STAT receives special funds via government and private foundations that are determined and dependent upon diagnosis, condition, and sometimes age group or even socio-economic status.

This information also helps STAT to deliver funding to high need populations.

Do you currently have additional expenses related to alternative therapies: Yes \_\_\_\_\_ No \_\_\_\_\_

*(alternative therapy is defined as a therapeutic method that is not covered by private insurance or Medicaid; i.e., music therapy, art therapy, massage therapy, hyperbaric treatment, biomedical, nutrition; you may even include extracurricular and recreational activities such as gymnastics or swimming)*

*(OPTIONAL)* Approximately how much per year do you spend out of pocket? \_\_\_\_\_

What other therapies would you be interested in providing your child if personal budget wasn't an issue?

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Do you receive other financial assistance for alternative therapies (agency, how much, and type of therapy)

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### **Statement Of Need**

Please provide a brief statement of need explaining why you are requesting a scholarship. Feel free to include more pages as necessary. We will also consider additional statements from your MSC or therapist(s).

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### **Scholarship Criteria and Disclaimer**

STAT, Inc., is a 501(c)(3) non-profit public charity. Facility use fees are necessary to help defray the expenses of providing equine assisted therapy and cover only a small portion of the actual cost. A scholarship fund is available to assist riders who could not otherwise participate. Scholarship funds are limited and we have many requests for assistance. In accordance with our organization Bylaws and Scholarship Guidelines: *By accepting any scholarship awarded and by participating in The Riding Connection, I am agreeing to adhere to any and all facility and program rules or guidelines. This document also releases STAT, Inc. (including, but not limited to, managers, directors, volunteers, and agents), other sponsoring organizations, and any other parties connected with events, either singly or collectively, from any liability for any injury, harm, loss, inconvenience, or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith. I also give permission to STAT, Inc. to use photographs or portions thereof, whether still or moving, voice and likeness for trade, publicity or for any other lawful manner whatsoever; hereby waiving my right to review such photographs etc. prior to use.*

Signature of Participant (or parent/guardian) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

\*Must be an approved STAT Partner Facility

\*\*STAT serves the following counties: Broome, Tioga, Chenango, Delaware, Otsego, Chemung, Tompkins

\*\*\*Must be a STAT approved Therapist or Instructor