



Southern Tier Alternative Therapies, Inc.

P.O. Box 1567, Binghamton, NY 13902
cmarkosky@statinc.org | (607) 223-4176 | www.statinc.org

For Official Use Only	
Received	_____
DDP1 (Add)	_____
Program	_____

2012 Scholarship Application Spring Riding Voucher Request – deadline is January 15, 2012

Biographical Information *(Please print, using black ink)*

Name of Participant _____ Date of Birth _____

NYS OPWDD TABS# _____ Diagnosis* _____

Medicaid Service Coordinator's (MSC) Name _____ MSC Phone #: _____

Is an Immediate Family Member a Veteran? Yes If Yes, Who? _____

Rider's Address _____ APT# _____

City _____ State _____ Zip _____ County _____

Home Phone Number _____ E-mail _____

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

1. _____

Relationship _____

Occupation _____

Phone/Cell Nos. _____

2. _____

Relationship _____

Occupation _____

Phone/Cell Nos. _____

Activity Information

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

Preferred Facility** _____ Location*** _____

Therapist Name (if Hippotherapy) _____ Discipline: PT OT SP Other

Therapist Phone _____ E-mail _____

What are your goals for this experience? _____

Special Concerns/Needs _____

How were you referred to STAT? _____

*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.

**Must be an approved STAT Partner Facility

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

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?

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

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).

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 or other STAT program, 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.

In signing this form, 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 _____