



PARTICIPANT SCHOLARSHIP POLICY

Southern Reins is committed to providing financial assistance to children and adults with disabilities and hardship who otherwise do not have the financial means to take part in our program, and who meet the requisite criteria. Through the generous support of donors who contribute to our Scholarship Program, we are grateful to award full and partial scholarships so that they can take part in equine-assisted activities offered at the farm.

Scholarship are available to participate in one (1) adaptive riding session consisting of a 1-hour semi-private or 30-minute private lesson for a 6-week session in the winter, spring, summer, or fall. Applicants are required to provide their completed scholarship application, participant application, and a physician's referral form at least two weeks before the start of each lesson session.

Our Scholarship Committee, comprised of members of our Board of Directors and staff, reviews all applications and selects scholarship recipients based on need and merit. If an applicant is not selected, they may re-apply for future sessions. Scholarship awards are only available for one session per year. Scholarships are not awarded in cash; they are awarded solely in the form of one lesson a week for the 6-week lesson session.

Eligibility: Participants may receive financial assistance for one session per calendar year.

Requirements: All scholarships must include a fully completed Participant Application that is attached to this document. Scholarship recipients must have all paperwork, including physician's referral, new participant assessment, release of liability, medical consent, and photo release complete prior to their first lesson. The assessment will be scheduled before the start of the session. At the conclusion of the assessment, it is the sole discretion of Southern Reins Center for Equine Therapy's Program Director to retract a scholarship if there are any physical contraindications, or if the program is not deemed appropriate for the individual.

Deadline to Apply: Scholarship applications must be submitted on time. Any application received after the application deadline will not be considered. Scholarship applications must be completed in full for consideration. All applications should be emailed to rylee.davis@southernreins.org, or faxed to 901-328-6328.

Participation: If a scholarship participant misses more than 25% of their lessons, unless there is an unforeseen medical or emergency situation, the individual will not be eligible to re-apply for another scholarship. In addition, if a scholarship participant is a no-show or cancels within two (2) hours of the scheduled lesson time for two or more lessons, the scholarship will be forfeit for the remainder of the session.

Criteria:

1. Funding is dependent on the availability of funds at the time of scholarship application.
2. Financial need is required, including a case for support.
3. Participant commitment is required to arrive on time each week for the duration of the 6-week session.
4. In order to serve as many individuals as possible through a therapeutic riding scholarship, Southern Reins limits the number of scholarships to one session per calendar year per scholarship applicant.

At the end of your session, we require a parent/caregiver testimonial to share the positive benefits you may see as a result of participating in the program. Failure to provide a testimonial may affect your eligibility for future scholarship funding.



PARTICIPANT SCHOLARSHIP APPLICATION

This application for a scholarship must include:

- The first page of the most recent IRS income tax return
- Your case for support indicating factors that are pertinent to the need for financial assistance. This is a competitive process; therefore, your case for support should thoroughly explain why financial aid is needed.

All information included in this application will remain confidential.

PARTICIPANT NAME: _____ DATE: _____

ADDRESS: _____

DATE OF BIRTH: _____ DIAGNOSIS: _____

PARENT/GUARDIAN/CAREGIVER NAME: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

Please circle the lesson session you are applying for:

WINTER

SPRING

SUMMER

FALL

Is this your first time applying for a scholarship? ___YES ___NO If "NO" when did you last apply? _____

If you have received prior scholarship funding, please indicate session and year of past awards:

How many adults are in your household: _____ How many dependent children are in your household: _____

Do you have more than one individual in your household with a disability? ___YES ___NO If yes, how many? _____

Combined household annual income: _____

**Please attach a copy of your most recent federal tax return or pay stub to this application.*

Have you applied for any other financial assistance similar to those listed on page 5/6 of this application? ___YES ___NO

If YES, where have you applied: _____

What other programs is your participant involved in that are an out-of-pocket expense: _____

Are you currently receiving benefits from the state, such as food stamps, Medicaid, or have you been approved for a reduced or free lunch through a public school system? ___YES ___NO

Do you have any additional sources of income (real estate, child support, social security, disability, alimony, pensions, retirement, etc.)? ___YES ___NO

If YES, please explain amounts, frequency of income and source: _____

Are there any extenuating circumstances that you could share with us to aid in this decision? Please provide information on why you are applying for a scholarship, and feel free to attach additional pages, if necessary.

Please briefly describe why you believe our program will be beneficial for the applicant:

****PLEASE INCLUDE A PHOTOGRAPH OF YOUR PARTICIPANT TO ACCOMPANY THIS APPLICATION****



SCHOLARSHIP APPLICATION AND POLICY CONFIRMATION

By signing below, you agree to the Scholarship Policy and formally submit your application for consideration.

SIGNATURE OF APPLICANT (OR PARENT/GUARDIAN/CARETAKER)

_____ Date: _____

Printed Name: _____

Please complete and ensure this application is received at least three (3) weeks in advance of the requested session and **fax to 901-328-6328, email to rylee.davis@southernreins.org, or mail to:**

Southern Reins Center for Equine Therapy
Attn: Rylee Davis
916 Billy Bryant Road
Collierville TN 38017

You will be contacted with the results of your scholarship application at least one (1) week prior to the start of your requested session.

Thank you for completing this application.

OUR MISSION: The mission of Southern Reins Center for Equine Therapy is to serve individuals with physical, cognitive and emotional disabilities and hardship by providing equine assisted activities and therapies to empower, inspire, nurture and succeed.



OTHER SCHOLARSHIP FUNDING SOURCES

Forrest Spence Fund

PO Box 770478
Memphis, TN 38177
www.forrestspencefund.org

The Forrest Spence Fund is an official 501(c)3 nonprofit organization that was founded in 2007 in memory of Robert Forrest Spence. The mission of the Fund is to assist with the non-medical needs of critically or chronically ill children and their families throughout the Mid-South.

Community Foundation of Northwest Mississippi

315 Loshier Street, Ste. 100
Hernando MS 38632
662-449-5502
www.cfnm.org

The Community Foundation connects people who care with causes that matter. It assists donors as well as nonprofit organizations and charitable causes make a difference in people's lives. While donors designate their charitable contributions, the foundation has set its priorities as education, health and children in order to make the greatest impact on its community.

Variety Children's Charity

5796 Shelby Oaks Drive, Suite 7R
Memphis, TN 38134
901-373-5368
www.varietychildrenscharity-memphis.com

Variety Children's Charity provides life-enriching assistance to children challenged by physical and/or mental disabilities, poverty, abuse and neglect.

Noah's Gift

c/o The Community Foundation of Northwest Mississippi
315 Loshier Street, Ste. 100
Hernando MS 38632
662-449-5502
www.noahsgift.org

Noah's Gift was created to inspire and reward deserving young people with the gift of an extraordinary experience that was of interest to 16-year-old Noah Costa at the time of his death. His interests were as wide-ranging and fun as his personality: playing hockey, traveling, hiking, water sports, skydiving, and much more. Noah's Gift makes grants to deserving teenagers to pursue an extraordinary experience.

SRVS Family Support

3971 Knight Arnold Road
Memphis, TN 38118
901-869-7787
www.SRVS.org

SRVS Family Support provides assistance for children and adults with developmental disabilities and physical disabilities. Assistance can be in the form of respite, before and after school care, specialized equipment and supplies, education and home and vehicle modification. The Family Support program serves people in Shelby and Fayette Counties.