



Healing Reins Sponsorship Application Form

Sponsorships to receive Healing Reins of Kentucky, Inc. services are available to children and adults. The following guidelines and criteria will determine an applicant's eligibility:

APPLICATIONS MUST BE RECEIVED PRIOR TO SESSION SCHEDULED

Sponsorship recipients will be notified ASAP.

1. Preference will be given to those who demonstrate a financial need &/or circumstances that hinder their participation in the session without sponsorship assistance.
2. The application must be completed in full.
3. Sponsorship recipients from previous session may apply, **but those who absent for more than 2 scheduled lessons** are not likely to receive a sponsorship again.

APPLICANT (PARTICIPANT) INFORMATION

Name: _____ Age: _____

Full Address: _____

Primary Diagnosis: _____

Secondary Diagnosis: _____

Person Requesting Funds: _____

Name & Relationship to Applicant: _____

Phone: _____

Email: _____

1. Who will be responsible for notifying Healing Reins of changes or cancellations? (For example: parent, guardian, aide, etc.) Please give name and number.

Who will provide transport to/from lessons? Please give name and number

2. Please describe how the applicant would benefit from participation and what are the goals for the applicant this session?



3. Please include a statement of need, financial hardship or circumstances that demonstrate why a sponsorship is needed in order for the applicant to participate.

4. Has the attempt been made to obtain any funding from another source for this purpose? If yes, where and when did you apply? Was funding approved?

5. What is the total annual income of the household? (Please place an X beside one)

- Less than \$15,000
- Between \$15,000 - \$26,150
- Between \$26,150 - \$29,500
- Between \$29,500 - \$33,600
- Between \$33,600 - \$40,350
- Between \$40,350 - \$50,000
- Above \$50,000

***Healing Reins of Kentucky, Inc. Sponsorship Policy**

Participants receiving financial assistance through sponsorships may be asked to forfeit their reserved lesson time for the remainder of the session if they have an **unexcused absence** or do not give notice of absence. **Two or more no shows or unexcused absences** will disqualify the participant from requesting financial assistance in the future.

*Please contact us if you would like ideas of additional ways to secure payment for sessions.

I certify that all of the above information is true.

Signature of Parent/Guardian/Individual: _____

Printed Name _____ Date _____