



2022 Financial Assistance Information and Application

FINANCIAL ASSISTANCE

An underlying mission of Front Range Exceptional Equestrians (FREE) is to make adaptive horsemanship available to all participants whose application for registration is accepted regardless of their financial resources. FREE fulfills this mission through the generosity of donors and a financial assistance program based strictly on financial need.

APPLICATION FOR FINANCIAL ASSISTANCE

New Financial Assistance Recipients - Individuals applying to participate in a FREE adaptive horsemanship program may request a Financial Assistance Application and submit it with their application for participation. Financial assistance is available for group lessons only.

Current Financial Assistance Participants – All financial assistance requests must be renewed on an annual basis, with the completed Financial Assistance Application received no later than **January 31**.

AWARDING OF FINANCIAL ASSISTANCE

All information provided on the Financial Assistance Application is kept in strict confidence.

Financial assistance awards will be based upon the applicant's need and the amount of financial assistance funds available for the year and is at the discretion of the Board of Directors. The Board of Directors will review requests and, if needed, ask for additional information. Decisions by the Board of Directors will be communicated in writing.

Financial assistance is awarded in the form of credit toward the cost of sessions only and cannot be used for special events. Regular class attendance is required to continue to receive financial support throughout the calendar year. **All recipients and/or families and friends are required to volunteer at least five hours per session with FREE. The FREE Volunteer Coordinator will contact you to arrange the volunteer hours.**

Financial Assistance Application Criteria

The following criteria will be used as a basis for financial assistance considerations.

A. The maximum amount of financial assistance that will be awarded is based on the following income guidelines. The Board may adjust these guidelines periodically based on the cost of living and other considerations of the local economy.

Adjusted Gross Income	Financial Assistance Amount	Rider Pays
\$0 –\$40,000	80%	20%
\$40,001—\$50,000	70%	30%
\$50,001--\$75,000	50%	50%
\$75,001-\$85,000	25%	75%
Greater than \$85,000	0%	100%

B. Additional consideration will be given for mitigating factors, which could impact the sum granted. These include five or more people in the family, more than one disabled family member, single parent family or unusual medical costs.

C. All awards are granted by the decision of the Board of Directors.

D. All financial assistance applications must include the first page of the most recent IRS income tax return or a copy of an SSI or other government assistance check and rider registration forms. If the rider is a minor, the return for the parent/legal guardian is required. **Applications not containing financial information and registration forms will not be considered.**

E. Payment for the session must be received in accordance with the payment policy outlined in the rider application.

F. Any changes in the financial information provided with this application must be reported within 30 days.

Financial Assistance Application

Rider's Name _____

Address _____

Parent or Guardian _____

Address _____

Day Time Phone _____ Nighttime Phone _____

Email _____

Please mark the 2022 session(s) you are seeking financial assistance for:

_____ Spring _____ Summer _____ Fall

Adjusted Gross Family Income (Please include sources of income) _____

Where does the rider reside: At home with family? _____ Alone? _____

Other (please describe)

Total number of family members living in the household _____

Are any other family members disabled? _____

If you answered yes to this question, please provide details: _____

Have you received any financial assistance from FREE in the past? _____ Yes _____ No

How many years have you been participating in FREE session? _____

Please describe any unusual medical costs that deserve consideration. _____

Describe in detail any other mitigating factors that should be taken into consideration. _____

Please rank your Top 5 volunteering preferences (1 = first choice, 2 = second choice, etc.):

- | | | |
|---|---|---|
| <input type="checkbox"/> Volunteer at classes | <input type="checkbox"/> Special Project Assistance | <input type="checkbox"/> Event Assistance |
| <input type="checkbox"/> Assist at the barn | <input type="checkbox"/> Fundraising/Grant Writing | <input type="checkbox"/> Office Work |
| <input type="checkbox"/> Marketing/Public Relations | <input type="checkbox"/> Other _____ | |

By submitting this information and signing below _____ (please print first and last name) acknowledge that I have read and understand the FREE Financial Assistance Criteria sheet, agree to the criteria outlined in this application and have answered all questions to the best of my knowledge.

Applicant Signature or Parent/Guardian

Date Signed

Enclosed is a copy of one of the following documents to support my application:

- The first page ONLY of my most recent Federal tax return
- A copy of my most recent SSI check
- A copy of my most recent bank statement showing automatic deposits for my SSI check or other government assistance

I have submitted all rider registration forms.

I understand a financial assistance application must be renewed annually.

Please return completed application and supplemental documentation via mail or email:

Front Range Exceptional Equestrians
P.O. Box 272452
Fort Collins, CO 80527

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For questions or concerns, please contact mike.doyle@fronrangeexceptionalequestrians.org