

Dream Catcher of L.A. Therapeutic Riding Centers

Mailing Address: 751 Oxford Ave. Marina Del Rey, CA 90292

Location Address: Imperial Equestrian Center 5543 Leeds Street, South Gate, CA 90280

Telephone: 310 350-1311

Website: dreamcatcherla.com

APPLICATION FOR FINANCIAL ASSISTANCE

Memorial Scholarship Fund

DreamCatcher of L.A. is a non-profit organization whose mission is to help individuals with disabilities through therapeutic horseback riding and other Equine Assisted Activities. We maintain a scholarship fund for those who would otherwise not be able to attend. If you need financial assistance, please fill in the following information for review by our Scholarship Committee. All questions must be answered, and any required documentation must be attached.

Your information will be kept strictly confidential.

RIDER INFORMATION:

Rider's Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Parent/Guardian's Name: _____

Address: _____

Phone: Day: _____ Evening: _____

Rider's Disability: _____

How often do you ride/ desire to ride (please circle)?

every other week

1x a week

2x a week

Private or Group Session (please circle)?

With or without a clinical therapist (please circle)?

FINANCIAL INFORMATION

Individual resides with:

_____Mother _____Father _____Both Parents _____Gardian _____Self

Rider's/spouse's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income _____

Father's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

Mother's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

Guardian's income: _____ Weekly/monthly (please circle)

Attach a copy of latest pay stub

Attach a **signed copy of last year's tax return**

Name and address of employer or source of income: _____

SOURCES OF FUNDING (please list amounts)

Alimony/Maintenace	Savings
Social Security	VA Benefits
Medicaid	Unemployment
Child Support	Spousal Support
Wages	Welfare
Pension/Retirement	General Assistance
Insurance Benefits	DSHS Respite Care/DDD*
Disability Payments	Other

- If you are DDD Eligible, please indicate what type of funding your are eligible for

Dependent s – Number of dependents _____

Number of disabled dependents: _____ Note the disabling condition(s): _____

Assets: (include business holdings, stock, bonds, real estate, cars, trust funds, savings, etc).: _____

Debts: (include balance due and monthly payment): _____

NARRATIVE STATEMENT (List any unusual obligations or circumstances affecting applicant's need for financial assistance.) Attach supporting documentation, if necessary. _____

What other therapies and activities does the student participate in? How often? Is it out of pocket? Covered by insurance? _____

POSSIBLE ALTERNATIVE SOURCES OF FUNDING

Has the applicant applied before (date) _____ (percentage of funding _____)

Has applicant ever submitted a claim to an insurance carrier for Dream Catcher of L.A. services? _____

What were the results? _____ (If coverage denied, attach denial)

Is applicant possibly eligible under any of the county's programs (ie. Family services, mental health/mental retardation, etc.)? _____

Is applicant/parent/guardian collecting insurance payments for accident, negligence, injury, malpractice or another civil lawsuit pertaining to rider and his/her disability? No _____ Yes _____. If yes, provide insurance company's name, address, claim #:

RENT/MORTGAGE INFORMATION

Is home rented or owned? _____ How much is the rent/mortgage? _____

Who pays mortgage? _____ Relationship to rider? _____

PLEASE MAKE SURE ALL QUESTIONS ARE ANSWERED. AND ALL APPLICABLE DOCUMENTATION IS ATTACHED.

The above information is true and correct to the best of my knowledge and it is my understanding that furnishing false or incomplete information may result in my financial loss.

Signature of Parent/Guardian _____

Signature of Rider _____

Date: _____

NOTE: Please fill out attached "Authorization for Release of Information Regarding Income."

Please make sure all required documentation is attached.

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AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING INCOME

TO: _____

I request that the following information concerning my employment income be released to:

Dream Catcher of L. A. Therapeutic Riding Centers
751 Oxford Avenue
Marina Del Rey, CA 90292

Salary information: _____ per hour, week, month (please circle)

Bonuses received in the past year _____

Bonuses likely to be paid within the next twelve months _____

Any other benefits of monetary value, including stock options, company car, etc.:

Print Name

Sign Name

Social Security Number

Date

For Official Use Only

Amount Granted: _____ Date Granted _____

Scholarships are Good for One Year Unless Otherwise Specified