

The Mary Lunn Ridership Program Description and Procedures



Program Description:

At Milestones, we believe in the value of our programs and do not want to deny anyone an opportunity to participate because of financial reasons. The Mary Lunn Ridership Program (Ridership Program) was established to formalize the process for obtaining financial assistance to assist in covering the cost of Milestones Therapeutic Riding lessons. The Ridership Program requires outside funding to maintain, therefore a limited amount of funding is available.

Riders are eligible for Ridership Program funds not more than twice per calendar year. A new application is required for each session. Please note: Riders are not guaranteed to receive support twice per calendar year based on available funding. Two to three Riderships are available for each session (depending on the amount of funding raised). Priority will be given to first time applicants, if funding remains it will be equally divided among the other applicants until funding is depleted.

If a rider misses 3 or more lessons during the Ridership funded session, they will not be eligible for future Riderships during a calendar year.

Riders with outstanding balances (i.e., money owed to Milestones) must pay their balance prior to receiving Ridership Program funds.

Program Procedures:

- The Ridership Application will be provided by request to family/guardian by the Assistant Director and are accepted two weeks prior to the beginning of a session.
- **The completed Ridership Application and a brief statement of the need for this request, are returned and will be reviewed by the Assistant Director and Executive Director.**
- The Application is approved or denied. The decision will be relayed to the rider/family/guardian via email and will be noted on the Application.
- If the Application is approved, the term of the approval will be noted on the Application form.
- All applications will be saved electronically.

Failure to follow the agreement made on the Application may result in discontinuation of lessons or inability to access Ridership funds in the future. Any discontinuation will be based on review by the Board of Directors.

The Assistant Director will receive and track all Applications, whether approved or denied. The Board of Directors will be updated on the status of funds committed through the program.

If you wish to request Ridership Program funds to supplement or offset the cost of Therapeutic Riding lessons at Milestones, please review and complete the next page of this application.

Mission Statement: We strive to assist each rider to become an innovative and productive member of the community by building independence, self-confidence, and social skills in a fun, loving environment



Program Application:

1. Rider name: _____

2. Name/signature of person completing this application: _____

3. Review each item below and initial at the beginning of each line to indicate your understanding:

_____ I understand that Ridership Program funds are limited and are awarded at the discretion of Milestones.

_____ I understand that if partial Ridership funds are awarded, I must set up a payment arrangement for the remaining balance with the Assistant Director prior to the beginning of a session.

_____ I understand that if I have an outstanding balance with Milestones and have not made a payment arrangement to address that debt, that I will not be eligible for Ridership Program funding.

_____ I understand that I must re-apply for Ridership Program funds prior to each session of lessons.

_____ I understand that I may only receive Ridership Program funds twice per calendar year.

_____ I understand that missed lessons or unexcused absences may result in discontinuation of my Ridership Program funding.

_____ If my financial circumstances change and I no longer require Ridership Program funds, I will notify Milestones so that these funds may be offered to other eligible riders.

_____ **I understand that I must submit a brief statement (handwritten, typed, emailed, etc.) documenting my need for Ridership Program funds.**

For Milestones Use Only:		TERM:	
Date received:	_____	Date of review:	_____
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	If Denied, explanation:	_____
Payment arrangement:	_____		