



## Therapy Scholarship Guidelines

Family Hope Foundation

7086 8<sup>th</sup> Avenue

Jenison, MI 49428

(616) 729-8833

[www.familyhopefoundation.org](http://www.familyhopefoundation.org)

**Read these Guidelines thoroughly BEFORE completing the application form!**

### **General Information:**

**Purpose:** To assist families of individuals with special needs by providing financial assistance for therapy related services that may not otherwise be covered by insurance or other funding sources.

**Types of Support:** Examples of eligible therapy related services include, but are not limited to, physical therapy, occupational therapy, speech therapy, music therapy, massage therapy, hippotherapy, Applied Behavioral Analysis, psychology and psychiatry.

**Limitations:** No scholarships are given for organizations/businesses, fundraising drives, debt reduction (expenses incurred for therapy received prior to the scholarship award), medication, transportation, technology, equipment, diagnostic or therapeutic evaluations, respite or travel expenses.

**Geographic Focus:** Awards are focused in the West Michigan area.

**Scholarship Amounts and Payment:** Scholarships will be awarded in amounts up to and including \$1,000 with special consideration given to those who have not previously received funds from Family Hope Foundation. Scholarship money will be paid directly to the approved therapy provider. Funds will not be distributed in cash and will not be given to the recipient.

**Approved Therapy Providers:** Family Hope Foundation forms a partnership with each therapy provider who receives funding for a scholarship recipient. Providers must meet the Family Hope Foundation "Provider Guidelines" requirements and be approved by the Board of Directors as a Community Partner. To see a list of currently approved Therapy Provider Partners, visit our website at [www.FamilyHopeFoundation.org](http://www.FamilyHopeFoundation.org), under Programs and Scholarships. If you would like to apply to a therapy provider not listed here, please call to discuss at (616)729-8833.

**Other:** Applications will be accepted and considered without regard to sex, religion, ethnic background, race or national origin. However, the recipient must meet criteria for therapy in order to receive the scholarship.

**Contact Information:** If you have questions regarding the application process or scholarship program, contact Family Hope Foundation at (616)729-8833 or [jane.eppard@thefamilyhopefoundation.org](mailto:jane.eppard@thefamilyhopefoundation.org).

## **Application Process Information:**

**Application Due Dates:** Applications will be accepted and funds distributed twice a year. Applications due on March 1<sup>st</sup> will be accepted no earlier than February 1<sup>st</sup>. Applications due on September 1<sup>st</sup> will be accepted no earlier than August 1<sup>st</sup>. If the deadline is on a weekend or holiday, applications will be due the following business day.

### **Application Submission:**

- ✓ Applications must be completed on our form and **received** by mail or hand delivered by 5:00pm on the due date to: Family Hope Foundation, 7086 8<sup>th</sup> Avenue, Jenison, MI 49428.
- ✓ Applications do not roll-over to the next scholarship cycle and must be resubmitted each time a scholarship is desired.
- ✓ Applications will not be accepted electronically or by fax.
- ✓ Use of the exterior drop box is only for weekends and after hours. Take all paperwork inside the building if the office is open.
- ✓ You must submit three total stapled copies of your application.
- ✓ Other than any necessary additional sheets to answer the narrative questions, do NOT include any other documentation, photos, etc. with your application.

**After Applying:** Applicants will be notified within two months of the application deadline as to whether their scholarship request is being fulfilled (notifications to be sent by May 1<sup>st</sup> or November 1<sup>st</sup>). At that time, accepted applicants will be required to submit further verification and final documentation. This documentation must be received within one month of the request.

## **Completing the Application Form:**

\*Every question must be answered, according to the directions, for the application to be complete. Incomplete applications will be penalized or not considered for funding.

### **Applicant Information:**

**Question 1-4:** The “applicant” refers to the individual with special needs who will benefit from the therapy being requested. For historic scholarship tracking purposes, please include any former names that the applicant has had.

**Question 5-6:** Please list the formal primary and secondary diagnoses or disabilities. (Examples: Autism Spectrum Disorder, cerebral palsy, profound hearing loss, mitochondrial disease, sensory integration dysfunction)

**Question 7:** Check **ONE** disability category only.

**Question 8:** Complete the narrative. You may use an additional sheet of paper for this question if necessary.

### **General Information:**

**Questions 9 and 9a:** Check yes or no appropriately.

**Question 10:** *Gift of Hope* is a program of Family Hope Foundation that allows groups, service clubs or businesses to sponsor a scholarship recipient. Partnering with other groups allows Family Hope Foundation to raise additional funds and provide assistance to more families. Receiving a *Gift of Hope* scholarship requires the applicant family to:

- ✓ Sign a release that gives us permission to share the applicant’s first name, age, disability, story and

therapy needs with the sponsoring *Gift of Hope* group to create an individual connection. No personal contact information will be disclosed.

- ✓ Be willing to adhere to the request of the sponsoring group for a personal connection. These requirements vary by sponsoring group, but could be things such as:
  - Send a personal thank you note with a photo to the sponsoring group,
  - Attend a meeting of the group to introduce your child and say thank you,
  - Write a letter after the applicant's therapy is complete, explaining its value and your gratitude.

**Question 11:** The therapy provider is the organization or business, not the individual therapist, unless they are the same. (Example: If you want to see Julie Jones at ABC Therapy Shop, then the name of the Therapy Provider is ABC Therapy Shop. If the name of Julie Jones' practice is Julie Jones, then the answer would be Julie Jones.)

- ✓ Requests can be made to only one therapy provider per application. (Example: You may request a scholarship for OT and speech at the same therapy location. You may not request your scholarship be split to receive OT at one location and speech at another location.)
- ✓ It is recommended that you designate a specific therapy provider with which you would like to participate.
- ✓ If you do not know where to go for therapy, we urge you to do that research before filling out this request for funding support. You can use the list of our Therapy Provider Partners located on our website as a guide ([www.familyhopefoundation.org](http://www.familyhopefoundation.org)) or call Family Hope Foundation for assistance at (616)729-8833.
- ✓ You may apply to a provider who is not currently a Therapy Provider Partner. We are always bringing on new partners. However, it is recommended that you contact Family Hope Foundation at [jane.eppard@thefamilyhopefoundation.org](mailto:jane.eppard@thefamilyhopefoundation.org) or (616)729-8833 to discuss a non-listed therapy provider.

**Question 12:** List how you heard about Family Hope Foundation.

**Family Information:**

**Questions 13-17:** Identify custodial parents/guardians. If over 18, independent and completing the form yourself, check "self." Complete all contact information.

**Question 18:** Indicate how many children and how many adults live in your home, including yourself, who are dependent on your income.

**Financial Information:**

\*This is an application for financial assistance; you must prove financial **need**. Please consider that since the purpose of the scholarship is to support therapy not covered by insurance, every applicant is applying for that reason.

**Question 19:** List the scholarship amount you would like to receive, not to exceed \$1,000.

**Question 20:** Indicate the cost of this exact therapy how it is billed by the provider. (Example: \$100 per hour or \$800 per week. Write in any unique situations such as \$1,500 for 3 week intensive.)

**Question 21:** Check all items that describe the type of medical insurance the applicant has.

**Question 22:** Check the correct response. You will need to check your insurance policy before answering this question. Always check your exact coverage before you apply. Note that if you are selected to receive a scholarship, you will be required to submit your insurance benefit information **from your insurance carrier.**

- ✓ 22a. If the answer to question 22 is No or if the applicant does not have any insurance coverage, leave blank. If you answered yes, to question 22, list here your deductible, co-pays, renewal date, coverage amount, etc.

**Question 23:** Check which option best describes your family.

**Question 24:** Check the appropriate box. If there is anyone else (other than the applicant) in the immediate family (parents or siblings) who has a disability, explain who and the type of disability.

**Question 25:** Complete the narrative, explaining any items checked in this section, plus anything else that the review committee should take into consideration. An additional sheet may be attached to complete this question.

**Therapy Information:**

\*Complete this section for the therapy provider you choose to receive therapy from for this scholarship.

**Question 26:** Name the specific type(s) of therapy for which you choose to use the scholarship. (Example: Physical Therapy, Speech Therapy, Psychology, Therapeutic Horseback Riding)

**Question 27:** The therapy provider is the organization or business, not the individual therapist, unless they are the same. (Example: If you want to see Julie Jones at ABC Therapy Shop, then the name of the therapy provider is ABC Therapy Shop. If the name of Julie Jones' practice is Julie Jones, then the answer would be Julie Jones.)

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**Questions 28 and 29:** Identify if you have received an evaluation and/or services from this particular provider.

**Question 30:** List ALL therapies, including what you are applying for, in this section. Indicate if the applicant is currently receiving them in school (S) or privately (P) or if a therapy is not currently being received, but it is a therapy you would like to do (D).

**Question 31:** Check Yes or No.

- ✓ **31a:** May be left blank if the answer to 31 is No.

**Question 32:** Complete the narrative. You may use an additional sheet of paper for this question if necessary.

**Application Verification:**

Agree to the statement by signing and dating the document.