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www.familyhopefoundation.org

Therapy Scholarship Guidelines

Read these Guidelines thoroughly BEFORE completing the application

General Information:

Purpose: To assist families of individuals impacted by disability 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, Anat Baniel Method, 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: Scholarships are awarded to families residing in the West Michigan area. We serve the following counties: Kent, Ottawa, Muskegon, Allegan, Barry, Kalamazoo, Ionia, Newaygo, Montcalm, Van Buren, and Oceana.

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, under Scholarships. If you would like to apply to be an approved therapy provider, 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.

Application Process Information – (Electronic Application)

Application Due Dates: Applications will be accepted, and funds distributed, twice a year. Applications due on March 1st at 5:00 pm will be accepted no earlier than February 1st. Applications due on September 1st at 5:00 pm will be accepted no earlier than August 1st. If the deadline is on a weekend or holiday, applications will be due the following business day at 5:00 pm.

Application Submission:

- ✓ Applications must be completed and **received** by 5:00pm on the due date. Late submissions will not be accepted.
- ✓ Applications do not roll-over to the next scholarship cycle and must be resubmitted each time a scholarship is desired.

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 1st or November 1st). 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. Failure to submit the required documents within the one month deadline could result in forfeiture of the scholarship.

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.

Narratives:

Questions 6, 9, and 25 are narrative (essay) questions that allow you to tell us more about who the applicant is, how they will benefit from therapy, and why the scholarship is needed. This information is extremely helpful to our scholarship committee as they make decisions on scholarship awards. Please be thoughtful and thorough when completing these questions.

Applicant Information:

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

Question 2: Please verify that the applicant has received a formal diagnosis.

Question 3: Please list the formal primary and secondary diagnoses or disabilities. (Examples: Autism Spectrum Disorder, cerebral palsy, profound hearing loss, mitochondrial disease, sensory integration dysfunction) The applicant must have a diagnosis from a physician, psychologist or psychiatrist **BEFORE** applying. Please note: if you are selected to receive a scholarship you will be asked to provide proof of diagnosis.

Question 4-5: Please enter the applicant’s date of birth and gender.

Question 6: (Narrative) Tell us about who the applicant is as a person: likes/dislikes, disposition, hobbies, etc. This is an opportunity to introduce the applicant to the scholarship committee.

Therapy Information:

Question 7: List ALL therapies, including what you are applying for, in this section. Indicate if the applicant is currently receiving them in school (S) and/or privately (P).

Question 8: Name the specific type(s) of therapy for which you choose to use the scholarship. (Example: Physical Therapy, Speech Therapy, Occupational Therapy, Therapeutic Horseback Riding)

Question 9: (Narrative) Explain how the applicant will benefit from the therapy you are seeking a scholarship for. Explain how this therapy has helped the applicant in the past, or if the therapy is new, explain the goals you have for therapy.

Question 10a: Indicate the out-of-pocket cost to you of receiving the therapy that will be supported by a scholarship over a 6-month period. For example, if a therapy costs the applicant \$100 per session after insurance or discounts, and the applicant would ideally receive 4 sessions per month, the total cost would be \$2400 for 6 months. For experiences that are charged as a package, like a therapy camp or 6-week horse therapy session, list the total registration cost. Please give your best estimate of your cost, and use the optional Therapy Cost Comments box below if you want to let us know details about how you arrived at this number. Our goal is to understand your full out-of-pocket cost so we can understand how much of an impact our scholarship can make for you.

Question 10b: This question is optional. You can use it to share any additional information about how this therapy is billed that would help us understand how you calculated the out-of-pocket cost in the question above.

Question 11: List the scholarship amount you would like to receive, not to exceed \$1,000.

Question 12: Check all items that describe the type of medical insurance the applicant has.

Question 13: 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.**

Question 14: Select the therapy provider you would like to work with from the drop-down list (if applying online). If your therapy provider is not listed, select "Request a New Provider" and enter their information below. We are always bringing on new partners. However, it is recommended that you contact Family Hope Foundation to discuss a non-listed therapy provider.

- ✓ 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.)
- ✓ 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) 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 or (616)729-8833 to discuss a non-listed therapy provider.

If requesting a provider not listed in the drop-down or on our website, complete the following:

New Therapy Provider: 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.)

New Therapy Provider Mailing Address

New Therapy Provider Phone

Questions 15 and 16: Identify if you have received an evaluation and/or services from this particular provider.

Applicant Household Information:

Questions 17-22: Identify custodial parents/guardians. If over 18, independent and completing the form yourself, check "Self." Complete all contact information.

Question 23: Indicate whether or not the applicant resides in a group home. If they do, the online form will continue to Question 24. If they do not, Questions 23b-e will appear for you to complete. If completing a paper application, you will be instructed to skip these questions if your answer to Question 23 is "Yes".

Question 23b: Indicate how many dependents live in your home. A dependent is anyone living in your home who is dependent on your income.

Question 23c: Indicate how many adult caregivers, including you, who live in your home. This should include all parents, partners, grandparents, aunts/uncles, adult children, etc. who live in the home and assist with the applicant's care.

Question 23d: Indicate how many additional dependents (NOT including the applicant) in your home have disabilities or diagnoses that require therapy.

Question 23e: Check yes or no appropriately if multiple family members will be applying for a scholarship from Family Hope Foundation.

Question 24: Check the appropriate box that best describes the total/combined annual income for your household.

Question 25: (Narrative) Explain how receiving a therapy scholarship will be financially beneficial to your family. Therapy scholarships are awarded based on need so you must clearly demonstrate a financial need.

Question 26: Indicate whether or not you are willing to receive funds through our *Designated Scholarship Program*. This program 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 scholarship through our *Designated Scholarship Program* 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 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 27: List how you heard about Family Hope Foundation.

Application Verification:

- ✓ Please indicate who the application was completed by and their relationship to the applicant.
- ✓ Agree to the statements