



The Andy Mueller Memorial Scholarship

It is the mission of Heaven's Gait Ranch to build a compassionate community that embraces individuals who recognize the need to heal and challenge their adversity to grow.

Heaven's Gait Ranch was founded under the guidance of our Christian values, built with the support of our generous donors, and has been blessed with the time and talent of our volunteers.

As a Member Center of the Professional Association of Therapeutic Horsemanship (PATH) International, Heaven's Gait Ranch is also a registered 501(c)(3) nonprofit organization. This means that while we provide quality services under the highest standards of our industry, we also strive to make these services accessible to those in need.

The Andy Mueller Memorial Scholarship is named after Andrew Mueller, who rode at Heaven's Gait Ranch until he sadly passed away in January 2018. As a former horse owner himself, Andy loved telling stories of his favorite miniature named Picasso. Although he battled Parkinson's Disease, Andy would light up when he came to the ranch, and his positivity, humor, and love of horses became contagious to those around him.

The Andy Mueller Memorial Scholarship is offered to individuals with special needs or disabilities who are interested in our therapeutic riding program at Heaven's Gait Ranch but have demonstrated financial need that hinders their ability to participate. Candidates may apply once a year for a partial scholarship that enables participation in a group setting within our therapeutic riding program over the course of a nine week session. Scholarships are awarded by the Board of Directors at Heaven's Gait Ranch based on the number of eligible and deserving applicants per season, as well as the amount of funds available for financial aid each season at Heaven's Gait Ranch.

Our program fees are generously subsidized by the kindness of our donors; therefore, our fees only cover a fraction of the actual cost to provide services. The fee for a 45 minute group lesson at Heaven's Gait Ranch is \$100.00 per participant, with a maximum capacity of four riders in the arena at a given time. While our fees are heavily subsidized, we offer the Andy Mueller Memorial Scholarship to further ensure our programs remain accessible to those needing financial assistance.

Eligibility & Evaluation Criteria

To be eligible to apply for The Andy Mueller Memorial Scholarship, candidates must meet the following requirements:

1. The candidate must have a disability or special need.
2. The candidate must be registered and medically cleared to participate in therapeutic riding at HGR.
3. The candidate must demonstrate financial need.
4. The candidate does not receive CCS/CLTS/COP/IRIS funds that could be applied to therapeutic riding.
5. The candidate must be willing and able to participate in group lessons.



The Andy Mueller Memorial Scholarship Application

We are delighted that you have chosen Heaven's Gait Ranch for your therapeutic riding needs. Please read the following packet, complete the scholarship application, and send it to info@heavensgaitranch.org or return to the following address:

Heaven's Gait Ranch
Attn: Scholarship Application
940 S. Main St.
Cedar Grove, WI 53013

Important Guidelines & Reminders:

- All applicants must complete HGR's Rider Registration & Medical Release Forms and submit them to Heaven's Gait Ranch before applying for this scholarship.
- Scholarship applications must be received at least one month prior to the start of the session for which they will be used.
- Scholarships are based on financial need and are reviewed as they are received.
- Please keep in mind that Heaven's Gait Ranch relies on fundraising events and generous contributions from donors for scholarship funding; therefore, available funds will vary from session to session and may not be available at the time of your request.
- Applicants may only receive this scholarship once a year at Heaven's Gait Ranch.

Applicant's Personal Information

Applicant's Full Name: _____

Applicant's Date of Birth: _____ Applicant's Current Age: _____

Primary Disability: _____ Secondary Disability: _____

Applicant's Height: _____ Applicant's Weight: _____ Medical Provider: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Permanent Address: _____ City: _____ State: ____ Zip: _____

Applicant's Occupation: _____ School/Employer: _____

School/Employer's Address: _____

Note: If the applicant is a U.S. Military Veteran, then he or she qualifies for a **full** scholarship to participate in the Equine Services for Heroes Program at Heaven's Gait Ranch.

Is the applicant a U.S. Military Veteran? No: ___ Yes: ___ Branch: _____

Military Occupational Specialty & Dates of Service: _____

Note: If the applicant answered "No" to the question above, then he or she may apply for a **partial** scholarship to participate in the Therapeutic Riding Program at Heaven's Gait Ranch.



Level of Scholarship Aid Requested:

| Please check one | Level of Aid Requested | For ten weeks, you pay | For ten weeks, the scholarship pays |
|-------------------------|-------------------------------|------------------------|-------------------------------------|
| | 25% off the total session fee | \$750.00 | \$250.00 |
| | 50% off total session fee | \$500.00 | \$500.00 |
| | 75% off total session fee | \$250.00 | \$750.00 |

Please indicate which season the applicant would like to participate at HGR using scholarship funds:
 ___ Winter ___ Spring ___ Summer ___ Fall

Does the applicant qualify for and receive funding from a county agency?

Please read the following information regarding eligibility for Wisconsin's waiver programs. Then check the appropriate box that corresponds to the applicant's level of support.

The IRIS Program is a Medicaid Home and Community-Based Services (HCBS) waiver for self-directed long-term supports. The program is an option for adults with long term care needs. The Wisconsin Department of Health Services, Division of Medicaid Services (DMS), Office of IRIS Management under the authorization of the Centers for Medicaid and Medicare Services (CMS) is responsible for oversight of the IRIS program. IRIS is available to Wisconsin residents determined financially eligible for Medicaid, functionally in need of nursing home or Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care; and living in a county where managed long-term care and IRIS are available. People who are eligible have the choice of IRIS or managed care through their local Aging and Disability Resource Center.

| Question | Yes | No | I don't know. |
|---|-----|----|---------------|
| A. Does the applicant live in a Community Based Residential Facility? | | | |
| B. Does the applicant qualify for funding from IRIS? | | | |
| C. Does the applicant receive funding from IRIS? | | | |
| D. Does the applicant receive funding from CCS, COP, or CLTS? | | | |

If you answered yes to any of the above, what services does the applicant receive with their county or Medicaid funding?

Name of applicant's case manager or consultant: _____

Phone: _____ Email: _____



Applicant's Family Information:

Applicant's Father's Full Name: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Home Address: _____
Occupation: _____ Employer: _____
Business Address: _____

Applicant's Mother's Full Name: _____ Date of Birth: _____
Cell Phone: _____ Home Phone: _____ Work Phone: _____
Home Address: _____
Occupation: _____ Employer: _____
Business Address: _____

Applicant's Household & Financial Information

With whom does the applicant reside? _____

Have any members of the applicant's immediate household served in the military? ___ Yes ___ No
If yes, please list their name(s), branch, Military Occupational Specialty, and dates of service:

Total Number of Dependents in Applicant's Household: _____ ___ Adults ___ Children

List of Dependents & Their Information:

| Name | Age | School | Annual Tuition | Amount Paid by Family |
|------|-----|--------|----------------|-----------------------|
| | | | | |
| | | | | |
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| | | | | |

Family Financial Information:

Does the applicant live in a one or two-family income household? _____

Annual Earned Income: _____



Family Financial Information (continued):

Please list all forms of income received on a monthly basis. Mark N/A for any that do not apply to you.

| | |
|---------------------------|------------------------------------|
| Wages: | Alimony/Spousal Support (income): |
| Interest from Savings: | Welfare/General Assistance: |
| Social Security Benefits: | Pension/Retirement: |
| VA Benefits: | Insurance Benefits: |
| Medicaid: | Respite Care: |
| Unemployment Benefits: | Disability Payments/Workers' Comp: |
| Child Support (Income): | Other: |

Please complete the following table to indicate your current financial obligations.

| | Date Purchased | Wholly Owned | Financed | Rented | Year | Make/Model |
|-------------------|----------------|--------------|----------|--------|------|------------|
| Primary Residence | | | | | | |
| Other Real Estate | | | | | | |
| Vacation Property | | | | | | |
| Vehicle 1 | | | | | | |
| Vehicle 2 | | | | | | |
| Boat | | | | | | |
| RV | | | | | | |
| Other | | | | | | |

Please list and explain any other financial obligations you have that should be considered with this scholarship application. Include any unusual circumstances (debts, illness, etc.) that contribute to your need for assistance. In addition, if there are other factors you feel might affect consideration of this application, please explain.



Heaven's Gait Ranch Therapeutic Riding Center

Scholarship Application 2022

If awarded the Andy Mueller Memorial Scholarship, describe what it would mean to the applicant and what it would mean to his or her family.

Certification Statement

I, _____
(Applicant's Name or Parent/Guardian's Name if Applicant is Under 18 Years Old)

certify that the information provided on this form is true and correct to the best of my knowledge. I also acknowledge that by accepting the Andy Mueller Memorial Scholarship, I agree to the terms set forth by Heaven's Gait Ranch.

Signature: _____ Date: _____
(Parent/Guardian's Signature Required for Minors)

Printed Name: _____ Relationship to Applicant: _____

Thank you for completing the Andy Mueller Scholarship Application. Please scan and submit all completed forms to info@heavensgaitranch.org or send a hard copy to the following address:

Heaven's Gait Ranch
Attn: Scholarship Application
940 S. Main St.
Cedar Grove, WI 53013

The applicant will be notified directly by the Executive Director of Heaven's Gait Ranch if and when he or she will be awarded funds. Please allow two weeks for review and processing.

For Office Use Only

| | |
|-----------------|----------------|
| Date Received: | Date Reviewed: |
| Amount Granted: | Why Denied: |