

## NDSU Bison Strides Financial Assistance Program Information

The Bison Strides Financial Assistance Program is designed to provide financial aid to individuals or families with a financial need who would otherwise be unable to participate in the program. Three levels of financial assistance are available to qualifying participants (25%, 50% and 75% assistance). Applications must be received by 11:59 p.m. on the Application Deadline to be considered for the corresponding session. Applications can be e-mailed or mailed.

1. Submit via e-mail to [ndsu.bisonstrides@ndsu.edu](mailto:ndsu.bisonstrides@ndsu.edu).

**OR**

2. Submit via USPS (mail)  
NDSU Bison Strides  
Hultz Hall 100  
Dept 7630 PO Box 6050  
Fargo, ND 58108-6050

Session	Application Deadline	Notification Deadline
Winter	Jan 1	Jan 10
Spring	Mar 1	Mar 10
Summer	Apr 15	April 25
Fall I	Aug 20	Aug 30
Fall II	Oct 1	Oct 10

### Levels of Financial Assistance Available for \$300 6-week session

% Assistance	Cost to Participant for 6-week session
25%	\$225
50%	\$150
75%	\$ 75

### **Awarding of Financial Assistance:**

A Financial Assistance Committee will review each application and the Program Director will notify families of the decision via e-mail unless otherwise requested. Financial assistance is awarded in the form of credit toward the cost of scheduled services. Participants/families may apply for up to two sessions per year (January through December) and separate applications are required for each submission. All applications received by Bison Strides will be held in the strictest confidentiality.

### **Acceptance of Financial Assistance:**

By accepting Financial Assistance, participants and families understand they are committing to participation in the awarded session. Financial Assistance can be revoked if the participant misses two lessons in one session without notifying Bison Strides via phone (701-231-9611) or e-mail ([ndsu.bisonstrides@ndsu.edu](mailto:ndsu.bisonstrides@ndsu.edu)) **prior** to the scheduled lesson time. It is important to respect the time and dedication of volunteers, staff and horses. If Financial Assistance is revoked, the participant/family must wait one year to re-apply.

## NDSU Bison Strides Financial Assistance Program Application

<b>Participant Name</b>	
<b>Participant DOB</b>	
<b>Participant Address</b>	
<b>Name of individual completing application</b>	
<b>Relationship to participant</b>	
<b>E-mail</b>	
<b>Phone</b>	

<b>Is the applicant currently:</b>	<b>YES</b>	<b>NO</b>
Enrolled in the Free and Reduced Lunch Program (K-12)?*	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in the Supplemental Nutrition Assistance Program?*	<input type="checkbox"/>	<input type="checkbox"/>
Enrolled in a Housing Assistance program?*	<input type="checkbox"/>	<input type="checkbox"/>
Receiving Supplemental Security Income (SSI) or Disability Benefits?*	<input type="checkbox"/>	<input type="checkbox"/>

If you answered NO to all the questions above, please explain your need for financial assistance in the space below.

**\*Supporting documentation may be requested**

Year	
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<b>Please indicate which session you are applying for</b>	
Winter	
Spring	
Summer	
Fall I	
Fall II	

<b>Please select your annual household income category</b>	
less than \$15,000	
\$15,000-\$25,000	
\$25,000-\$35,000	
\$35,000-\$50,000	
Over \$50,000	

# of dependents 18 and over in household	
# of dependents 17 and younger in household	

	<b>YES</b>	<b>NO</b>
Has the participant been awarded Financial Assistance in the current year (Jan-Dec)?		
If YES, please indicate which session:		

**If you or your participant do *not* receive financial assistance, would you/they still be able to participate in Bison Strides?**      \_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

**Amount of Financial Assistance Requested**

Please mark one	% Assistance Requested	6-Week Session Cost to Participant (Full cost is \$300)
	25%	\$225
	50%	\$150
	75%	\$ 75

\*\*If financial assistance beyond 75% of the cost is requested, please e-mail [ndsu.bisonstrides@ndsu.edu](mailto:ndsu.bisonstrides@ndsu.edu)

***For office use only***

<b>Participant Name</b>	
<b>Contact</b>	
<b>Date received</b>	

**Amount of Financial Assistance Awarded**

% Assistance	% Assistance Awarded	6-Week Session Cost to Participant
25%		\$225
50%		\$150
75%		\$ 75