



**GIANT
STEPS**
Therapeutic
Equestrian Center

ANNOUNCING THE SUSIE FUND

The SUSIE (Supporting Unexpected Shifts In Expenses) Fund is designed to support clients and/or their families in paying their Giant Steps tuition on a one-time basis following an expected financial crisis. The Fund is created in memory of Susie Wilson, a long-time volunteer, dear friend of Giant Steps, and stalwart supporter of our riders.

Clients or family members interested in applying for support from the Susie Fund should complete the following application (see page 2), and return the paperwork to Julie Larson. Julie and a committee will evaluate the application to determine whether Giant Steps can offer support, and at what level. As this is a brand new fund, one factor in the consideration of requests will be the amount held in the fund. To help to build the fund over time, and recipients of gifts from the fund will be asked to support a fundraising activity that will replenish the fund.

We have pledged never to turn away a client for lack of means, and the establishment of this fund is designed to ensure we never lose a client, even for a semester, because of unforeseen hardship.

Should you have any questions or suggestions, please do not hesitate to reach out to me or to Julie. If you would like to contribute to the fund, or know someone who might, please let us know!

Warm regards,

Beth C. Porter
Executive Director



**GIANT
STEPS**

Therapeutic
Equestrian Center

Application for Support from the SUSIE Fund

Name of client: _____

Name of contact for the application: _____

Contact's email: _____

Contact's preferred phone number: _____

Amount requested: _____

Reason client/contact needs support from the fund (Please attach any relevant documentation):

Please share any additional information you would like the committee to consider in evaluating your request:

[Please initial] _____ I understand that Giant Steps Therapeutic Equestrian Center may reach out to individuals/businesses to verify your situation.

[Please initial] _____ I pledge that, should I receive support from the SUSIE Fund, I will support a fundraising activity to help replenish the funds I have drawn from the fund.

[Please initial] _____ I verify that all information in this application is true to the best of my knowledge.

Signature: _____ Date: / /