



Client Financial Assistance/Scholarship Application

Through fundraising efforts from events, Pegasus Special Riders can offer assistance to a limited number of qualifying riders. Pegasus offers a reduced sliding scale fee to those whose income levels fall within the income levels established by the state of Illinois Free and Reduced Lunch Program:

- Riders who meet the free lunch criteria based on income level will pay \$10 per lesson.
- Riders who meet the reduced lunch criteria based on income level will pay \$15 per lesson.

Riders must complete the Financial Assistance Application and provide their most recent income tax return for review. Please include all income sources. Incomplete applications will not be considered.

Riders will be eligible and must apply for funding each year. Please note that financial assistance is not guaranteed even if you meet the criteria. Funds are limited and are awarded at the sole discretion of Pegasus.

Pegasus requires that riders receiving financial assistance stay current with lesson fee payments or the rider will become ineligible for assistance.

Your documented income must fall within the Illinois Free and Reduced Lunch Program income levels listed below to qualify:

**Income Eligibility Guidelines for
 Illinois Free and Reduced Lunch Program**

	Free Lunch (\$10 Per Lesson)	Reduced Lunch (\$15 Per Lesson)
Household Size	Annual	Annual
1	20,345	28,953
2	27,495	39,128
3	34,645	49,303
4	41,795	59,478
5	48,945	69,653
6	56,095	79,828
7	63,245	90,003
8	70,395	100,178
For each additional family member, add	7,150	10,175

For additional information or assistance, please contact our office at admin@pegasusspecialriders.org or call 815-973-3177.



PO Box 293
Oregon, IL 61061
815-973-3177
pegasusspecialriders.org

Client Financial Assistance/Scholarship Application

Rider Name: _____

Rider Resides with (circle one): Mother Father Both Parents Guardian Self/Spouse

Rider's Marital Status (circle one): Married Single Divorced/Separated Widowed

Number of people in the household (including children): _____

Rider submits his/her own Federal and State taxes (circle one): Yes No

If no, who claims the rider for tax purposes: _____

The rider or individual who claims the rider for tax purposes must submit a current income tax return along with the application.

Please list the amount received from each of the following sources for all family members that apply:

Annual Gross Income:	\$	_____
Additional person(s) in family Annual Gross Income:	\$	_____
Public Aid	\$	_____
SSI/SSDI	\$	_____
Alimony	\$	_____
Child Support	\$	_____
Other, please explain	\$	_____
Total Annual Gross Income from ALL sources	\$	_____

Please describe any extenuating circumstances that contribute to your need for assistance:

Which session(s) are you requesting financial assistance?

____ Session 1(Apr/May) ____ Session 2(May/Jun) ____ Session 3(Jul/Aug) ____ Session 4(Sep/Oct)



PO Box 293
Oregon, IL 61061
815-973-3177
pegasusspecialriders.org

Client Financial Assistance/Scholarship Application

I _____ certify that the information provided in this application is correct
(Rider Name or Parent/Guardian)

to the best of my knowledge.

Signature: _____ Date: _____

****Information provided in this application will be kept confidential.***

-- OFFICE USE ONLY --

Financial Assistance: _____ Approved _____ Denied Date: _____

If denied, reason for denial:

Funds granted for (circle all that apply): Session 1 2 3 4

Fee per lesson (circle one): \$10 \$15

Notified rider on: _____