

Pegasus Riding Academy, Inc.
Scholarship Information & Instructions

- Pegasus has a limited amount of scholarship funds that are available to our riders.
- Scholarship funds will be awarded based on need.
- Prior receipt of scholarship funds does NOT guarantee the same or any scholarship funds.
- All application forms and necessary attachments should be placed in a sealed envelope and either given to the Executive Director or placed in the Pegasus mailbox.
- All applications will be reviewed by the Board of Directors' Scholarship Committee and funding will be approved on an individual basis.
- Incomplete applications will not be considered.
- Scholarship recipients will be notified as soon as additional scholarship funding is available.
- Please refer to the Scholarship Guidelines below for additional information
- If you have any questions while completing the forms, please contact Barbara Wertheimer, Executive Director at 215-742-1500.

Scholarship Guidelines

1. Riders with two unexcused* absences in a four month period will forfeit the scholarship.
2. Riders with three unexcused* lateness in a six month period will forfeit the scholarship.
3. Any family or individual furnishing inaccurate or incomplete financial information will be ineligible for scholarship funding.

*Unexcused absence is any non-emergency (emergency must be verified) without proper notification. Notification for illness **must** be by noon for evening sessions or by 8 pm of the previous evening for morning/day sessions.

Notification for an excused absence for activities, e.g. school, religious activity and/or vacation, **must** be one week in advance.

**PEGASUS RIDING ACADEMY, INC.
SCHOLARSHIP APPLICATION**

Rider Name: _____ Date of Birth: _____

Disability: _____

Have you applied before? Yes _____ No _____

Amount Requesting: _____

*Date of last application submitted _____ **[Please Note: Full Application with financials must be submitted annually]**

Part I (Information requested applies to Parent/Guardian or Independent Rider)

Name _____ Home Phone _____ Work/Cell _____

Spouse's Name _____ Home Phone _____ Work/Cell _____

Rider resides with Mother Father Both Parents Guardian Self

Address _____ City _____ Zip _____

Married Single Divorced/Separated Widowed

Number of children _____ Ages _____ Number living at home _____

FINANCIAL RESOURCES – Must be completed to be considered for funding	
<i>What is your present amount of monthly income and/or assistance?</i>	
<i>(If rider has income and lives with parents, income pertaining to both must be submitted)</i>	
<i>You must enclose a copy of your last income tax return and W2's and a copy of a current pay stub..</i>	
<i>Please list the amount received from each of the following sources for all that apply:</i>	
Alimony/Maintenance	Wages
Savings	Welfare
Social Security	Pension/Retirement
VA Benefits	General Assistance
Medicaid	Insurance Benefits
Unemployment Insurance	DSHS Respite Care/DDD*
Child Support	Disability Payments
Spousal Support	Other

*If you are DDD Eligible, please indicate what type of funding you are eligible for

*****PLEASE COMPLETE BOTH SIDES*****

PART II (Applies to student and needs to be completed each time a Scholarship Application is filed)

1. In what other types of activities and therapy does student participate and how often?

2. Please list unusual circumstances (debts, illness, etc.) that contribute to your need for assistance:

Any Additional Comments:

I certify that the information provided in this application is correct to the best of my knowledge.

Signature

Date

<i>For Official Use Only</i>	
Amount Granted: _____	Date: _____

*****PLEASE COMPLETE BOTH SIDES*****