

PEGASUS THERAPEUTIC RIDING ACADEMY, INC.

www.pegasusridingacademy.com

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PEGASUS THERAPEUTIC RIDING ACADEMY, INC. 2019 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>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

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

**You must enclose a copy of your last income tax return
and W2's and a copy of a current pay stub.**

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

1. In what other types of activities and therapy does rider 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>	
<i>Amount Granted:</i> _____	<i>Date:</i> _____

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