

2024 Rider Financial Assistance Application

Through fundraising efforts from events and grants from private foundations, Main Stay is pleased to offer assistance to qualifying riders. Main Stay offers a reduced sliding scale fee to those whose income levels fall within the income levels established by the 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 however, funding may only be awarded to those eligible for up to three years. 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 Main Stay.

Main Stay 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:

	1.3(Free lunch)	1.85(Reduced lunch)		
	\$10/lesson	\$15/lesson		
Family of 1	18,954 or less	26,973 or less		
Family of 2	25,636	36,482		
Family of 3	32,318	45,991		
Family of 4	39,000	55,500		
Family of 5	45,682	65,009		
Family of 6	52,364	74,518		
Family of 7	59,046	84,027		
Family of 8	65,728	93,536		

Please feel free to call us with any questions.

Thank you,

Loriann Dowell

Executive Director



Rider Financial Assistance Application

Rider name:						
Rider resides with:	Mother	Father	Both pa	rents	Guardian _	Self/Spouse
Rider's marital status:	Married	Single	Divorce	d/Separated	dWic	lowed
Number of people in the	household (ir	ncluding childr	en):			
Rider submits his/her ow	vn Federal and	State taxes?	Yes	No		
If no, who claims	the rider for t	ax purposes: _				
The rider or individual w	ho claims the	rider for tax	purposes m	ust submit a	current inco	me tax return along
with the application.						
Please list the amount re	eceived from e	each of the foll	owing sourc	es for all far	nily members	that apply:
Annual Gross Incom	ne:				\$	
Additional person(s) in family Anr	nual Gross Inco	ome:			
Public Aid					\$	
SSI/SSDI						
Alimony					\$	
Child Support						
Other, please expla	ıin				\$	
Total Annual Gross Incor	ne from ALL so	ources			\$	
Please describe any exte	nuating circur	nstances that	contribute t	o your need	for assistance	: :

Which session(s) are you requesting financial assistar	ice?					
Session #1(Winter) Session #2(Spring,	Session #1(Winter) Session #2(Spring/Summer) Session #3(Fall)					
The Mental Health Resource League is a large contribution needed for their craft fairs and the funds given to Mawho assist at their events.						
Please indicate if you will participate in the following fundraising activity:						
Fall Diddley (October)						
Information provided in this application will be kept of	confidential.					
I certify that the information provided in this applicat	ion is correct to th	ne best of my knowledge.				
Signature		Date				
OFFICI	E USE ONLY –					
Financial Assistance:Approved	Denied	Date:				
If denied, reason for denial:						
Funds granted for Session #1Session #2	Sessior	ı #3				
Amount granted per lesson:	_					
Notified rider on:	_					