

## 2025 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 | 19,578 or less  | 27,861 or less      |  |
| Family of 2 | 26,572          | 37,814              |  |
| Family of 3 | 33,566          | 47,767              |  |
| Family of 4 | 40,560          | 57,720              |  |
| Family of 5 | 47,554          | 67,673              |  |
| Family of 6 | 54,548          | 77,626              |  |
| Family of 7 | 61,542          | 87,579              |  |
| Family of 8 | 68,536          | 97,532              |  |

Please feel free to call us with any questions.

Thank you,

Loriann Dowell

**Executive Director** 



## Rider Financial Assistance Application

| Rider name:  |  |                 |               |               |                 | <del></del>         |
|--|--|-----------------|---------------|---------------|-----------------|---------------------|
| Rider resides with:  | Mother   | Father          | Both pare     | ents          | Guardian        | Self/Spouse         |
| Rider's marital status:  | Rider's marital status:Married SingleDivorced/SeparatedWidow |                 |               |               |                 | owed                |
| Number of people in the  | e household (in  | cluding childr  | en):          |               |                 |                     |
| Rider submits his/her ov   | wn Federal and   | State taxes?    | Yes           | No            |                 |                     |
| If no, who claims  | s the rider for ta   | ax purposes: _  |               |               |                 |                     |
| The rider or individual with the application.                            | who claims the   | rider for tax   | purposes mus  | st submit a   | current incom   | ne tax return along |
| Please list the amount r   | eceived from ea  | ach of the foll | owing sources | s for all fam | nily members t  | hat apply:          |
| Annual Gross Income: Additional person(s) in family Annual Gross Income: |  |                 |               |               |                 |                     |
| Public Aid   | <i>2</i> ,   | uu. 0.000o.     |               |               |                 |                     |
| SSI/SSDI   |  |                 |               |               |                 |                     |
| Alimony  |  |                 |               |               |                 |                     |
| Child Support  |  |                 |               |               | \$_             |                     |
| Other, please expl   | ain  |                 |               |               | \$_             |                     |
| Total Annual Gross Inco  | me from ALL so   | urces           |               |               | \$_             |                     |
| Please describe any exte   | enuating circum  | stances that    | contribute to | 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:  | _   |                          |  |  |  |  |