



A Non-Profit 501(c) (3) Corporation

## **Eligibility Guidelines**

***The Pegasus Project's Mission is to provide short-term emergency grants for the Association of Flight Attendants (AFA) members in need of financial assistance due to a critical or life-threatening illness or injury. The Pegasus Project assists with life threatening illness or disabling injuries like lupus, cancer, degenerative disk disease, AIDS/HIV, hepatitis and chemical dependency just to name a few. The fund is not intended to be used for medical procedures, which are more common and less threatening to the individual, like tonsillectomies, hysterectomies, broken bones, etc. These efforts are accomplished with compassion, confidentiality and the preservation of dignity and respect for the individuals concerned. No applicant will be discriminated against based on sex, age, race, national origin, marital status, religion, or sexual orientation.***

Our goal is to provide members with funds to cover the basic necessities of life. We hope to help prevent your utilities from being shut off, your mortgage or rent payments from being late, and keep food on your table. While The Project considers the monthly payment(s) toward credit card debt as part of an applicant's expenses, at no time will The Project make checks payable to credit card debt, nor will we be able to assist in personal financial obligations incurred by an applicant. Members who were disabled from an injury or illness on the job and who are covered by Worker's Compensation may still be eligible to receive funds.

*Currently only members of AFA experiencing a critical or life-threatening illness or injury are eligible to receive grants when they are unable to perform their flight attendant duties and as a result are unable to fly. In the event that an individual is awarded a grant and returns to work during their distribution period, funds may be granted for the first month after their return to work.*

Pegasus is a "fund of last resort", which means a member must apply for assistance from their own airline's assistance program, provided their airline offers a program, before Pegasus processes his/her application. Other airline assistance programs include:

- Alaska Airlines Employee Assistance Fund (EAF) 206-870-2768
- Hawaiian Airline's Wings of Hope 808-838-5575
- Northwest Airline's Beacon Foundation 651-245-2441
- United Airline's CAUSE 888-288-9036 or Employee Relief Fund (ERF) 877-488-2373

The applicant may apply for assistance from The Pegasus Project if the following apply:

- The applicant's airline assistance program denies their application
- The applicant has reached the maximum level of distribution through his/her carrier's program
- The applicant is still in need of assistance with the funds that he/she is receiving from his/her carrier's assistance program

This policy has been instituted to ensure The Pegasus Project is able to assist as many AFA members as possible.

**\*Please note that while Pegasus was founded by individual members of AFA, it is operated as a separate entity from AFA, and no portion of a Flight Attendant's union dues are used to fund The Project. Funds to support The Project are raised through automatic payroll deduction, United Way Campaign donations and fundraisers held by local councils.**



## **Grants**

Grants are awarded on a month-to-month basis to members who have completed the application process and who have been determined by the Review Board to have met the criteria for grant eligibility. This process requires a letter on your doctor's letterhead stating your diagnosis, prognosis, and estimated time of return to work. Applicants must sign the Truth Disclosure Statement on the last page of the application or if submitting electronically, check the box acknowledging that you have submitted truthful statements about your health, income and expenses. We understand this is a difficult time in your life and realize we are asking you to provide detailed information. We hope you will recognize that this information is necessary in order to preserve the integrity that the Pegasus Project's mission is founded on.

The Pegasus Project's purpose is to provide emergency relief funding to a great number of disabled Flight Attendants, therefore, it is necessary to limit the amount, frequency, and maximum benefits paid out to one applicant. The Pegasus Project does not provide **continuous** financial assistance, and should not be viewed as an alternative to Long Term Disability Insurance or Social Security Disability. Every effort should be made by the applicant to contact an AFA/EAP Representative to exhaust other financial assistance available throughout their AFA contract, community, church, or state. The current limitations are as follows:

- ✓ Monthly *maximum* of grant - \$500\*
- ✓ Yearly *maximum* of grants - \$5,000\*
- ✓ Lifetime *maximum* of grants - \$5,000\*

*\*Grant amounts are subject to change based upon donations received for Pegasus.*

***Please Note: The Applicant has the responsibility to advise The Pegasus Project of any changes in medical condition, financial status, or to notify us of your return to work.***

## **Award Guidelines**

The Pegasus Project's goal is to provide relief from debts caused by hardship. Once a determination of hardship and need is established, Pegasus will provide payment toward the following:

- Primary Housing
- Food
- Essential utilities, including telephone
- Insurance Premiums (health, car etc.)
- Co-payments, insurance and major medical deductibles
- Basic transportation expenses: i.e. gasoline for primary automobile, public transportation costs, or car payments for the flight attendant's vehicle
- Clothing (only if necessary due to extreme weight loss as a result of treatment or a medical condition, and only basic clothing needs.)
- ❖ **The Pegasus Project cannot make payments toward credit card debt regardless of the reason for the debt.**
- ❖ **All grants will be made payable directly to the applicants' creditor(s) and will not be made payable directly to the applicant.**
- ❖ **For tax purposes, The Project requires documentation of bills paid on behalf of a Pegasus applicant (i.e. copies of utility bills, lease agreements, phone bills etc).**



## **Application Verification**

In an effort to streamline and expedite the application process, each line of the **Checklist** must be initialed by the applicant verifying that all documentation has been included with application. If you are unable to enclose one or more of the items required on the Checklist please make note of it on the Checklist and fax or mail the information as soon as possible to The Project. We will not be able to process your application until we have received a **completed signed application packet, which includes applicant's last two checking/savings statements, last two income pay stubs, medical verification letter from your doctor (see enclosed example), and signed completed Medical Release Form included with the application. Please read all of the enclosed information before you fill out the application and print very clearly.**

Upon receipt of your application a member of the Review Board will contact you as soon as possible and let you know that your application has been received with all the necessary documentation. The actual review of your application is done in the third week of each month, at which time a member of the Review Board will contact you to let you know if your grant has been approved and find out which bill(s) you would like Pegasus to assist with. **Please be aware that The Project is staffed with active Flight Attendants (volunteers), who maintain a busy flying schedule.**

**Every possible precaution will be taken to maintain the confidentiality of Pegasus applicants.** The only people outside of the Pegasus Project who will know that you applied for assistance will be those ***with whom you have shared the information, unless you have signed a Publications Release Form allowing us to use your name, photo and testimonial for Pegasus fundraising.*** No one other than our Board and Officers receives information about your application.

## **Grant Award Allocation**

Grants are subject to the availability of funds during the month the request is received. Provided requests for funds are received by the 5th day of the month, the Review Board will usually review requests by the third (3rd) Friday of that month and checks will usually be distributed by the end of the month. However, please be aware that delays can occur during any given month due to the Review Boards flying schedules.

Grants made payable to the applicants' creditors will be sent directly to the creditors unless other arrangements have been made when the applicant is contacted by the Review Board. **Currently Pegasus grants are averaging approximately \$500.00 a month.**

The funds received by the Pegasus Project recipients are grants donated by our flying partners, or raised through various fundraisers. Grants are not taxable, nor do they need to be paid back. Should you enter into litigation with respect to your illness/injury and receive a settlement, we would greatly appreciate a donation to the Pegasus Project so that we may continue to assist others. The success of The Pegasus Project depends ENTIRELY on the kindness and generosity of others, and we have a responsibility to our donors to spend the grant money as prudently as possible. We thank you for the opportunity to serve you.

**Please mail or fax the completed application (pages 1-6) & doctor's documentation on official letterhead to:**

**Pegasus Project  
P. O. Box 40035  
Phoenix, AZ 85067-0035**

**Toll Free Voice Mail: (866) 785-0449  
Fax Number: (866) 687-6776**

**[www.thepegasusproject.org](http://www.thepegasusproject.org)  
[pegasus@thepegasusproject.org](mailto:pegasus@thepegasusproject.org)**

***Please do not send your application certified or registered mail.***





## **Overview of Pegasus Program**

First and foremost, the ***information that you share with The Pegasus Project is confidential***, and will not be shared with anyone other than Pegasus Board members, and then only when necessary.

Completed applications, accompanied by **all required documentation**, that are received by the 5<sup>th</sup> day of the month, will be included in the same month's distribution of funds. **Disbursement of funds usually occurs the last week of the month.**

Upon approval, we will make arrangement to receive original bill statements. We will then send payments directly to your creditors, ensuring that your bills get paid in a timely manner. Pegasus requests the original bills and original envelopes because of the bar code that is often printed on the envelopes, which routes and expedites your payment delivery to the appropriate department of your creditor. **Always make copies of everything that you send to us for your files.**

**Pegasus is a "Fund of Last Resort", which means that you must apply for assistance from your own carrier's assistance program, if one is available, before being assisted by Pegasus.**

An applicant whose airline has an assistance program may apply for assistance from The Pegasus Project if the following apply:

- The applicant's airline assistance program denies their application
- The applicant has reached the maximum level of distribution through his/her carrier's program
- The applicant is still in need of assistance with the funds that he/she are receiving from his/her carrier's assistance program

**Do not send application to Pegasus by certified or registered mail.** Sending applications by certified/registered mail requires pick-up of the application at the Post Office during normal business hours, and may slow the process for receiving it, as the Post office will send the package back to the sender after a certain number of days if the package is not claimed. As Pegasus is staffed with volunteers who fly, this restrict when we are able to retrieve mail.

As mentioned above, The Pegasus Project is staffed by flight attendants, from various AFA carriers, who fly a full line and *volunteer* their time to assist with The Project. We ask for your understanding in the turn-around time in receiving and returning phone calls from The Project's voice mail. **We commit that all calls made to Pegasus will be returned within 7 days.** Applications that have been faxed to the Pegasus Fax # (866) 687-6776 will also receive a confirmation call within 7 days of being received.

Should you have questions about the application process please call the toll free Pegasus Voice Message Line at (866) 785-0449 or e-mail us at [pegasus@thepegasusproject.org](mailto:pegasus@thepegasusproject.org).





**Grant Checklist**

Use the following checklist to verify all steps are complete. This will help to ensure a smoother grant process. This checklist must be returned with the following application form. Updated information will be requested every three to six months. If you do not have your doctor's information available at the time of mailing, you may e-mail, fax or mail it to the Pegasus Project. It must arrive in time for the Review Committee's meeting to be considered for the month in which it is received.

Please  each item below to verify that each item has been completed.

- Copy of your airline flight crew identification (crew badge)
- Letter on your doctors' letterhead stating your diagnosis & estimated time of return to work (See example on page 1A)
- Copy of last two pay stubs. (i.e. disability, Worker's Compensation, Social Security, company paycheck etc.)
- Provide a copy of your two (2) most recent checking and savings account statements.
- I have applied for grants from my own airline's assistance program before applying for Pegasus. (Airlines with relief funds include but are not limited to Alaska, Hawaiian, Northwest, and United.)
- Completed and signed Medical Release Form, included with this application
- If you are not receiving a paycheck from your airline, have you requested AFA to have your dues deferred until you are able to return to work?  
**(Please contact the AFA Membership Department at 1-800-424-2401, to request a dues deferral)**
- Completed application form filling in **all** requested information.

<input type="checkbox"/>	<b>For Office Use Only</b>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

**\*You must notify the Pegasus Project when you return to work, receive a financial award due to your illness or injury, or have a change in financial status for any reason.**

I, \_\_\_\_\_ acknowledge that I have read the eligibility and award guidelines (pages I – IV) and understand and agree to the terms.

\_\_\_\_\_  
**Applicant's Signature** \_\_\_\_\_  
**Today's Date**

Check here if filing via email and enter name and birth date on signature line above



*Caring professionals...close to home*

John C. Doctor III, M.D.  
Susan M. Jones, M.D.  
George K. Smith, Jr., M.D.

January 20, 2008

Re: Jane Doe  
DOB: 10/30/1963

Dear Sir or Madam,

This letter is to inform you that Ms. Doe has been a patient at Cancer Hospital of USA since July 2007. She is being treated for breast cancer. Her treatment started in September of 2007. The side effects of this chemo therapy are: fatigue, inability to concentrate, anemia, nausea and vomiting. She will continue to be unavailable for work until November of 2007 at which she will be re-evaluated.

A handwritten signature in black ink, appearing to read "S. Jones", is positioned above the typed name.

Susan M Jones, M.D.

## Pegasus Project Application

Personal Information			
Full Name			
Mailing Address			
Home Phone			
Cell Phone			
E-mail Address			
Birthday (MM/DD/YYYY)			
Airline Information			
Airline			
Domicile			
Date of Hire (MM/DD/YYYY)		Average Income Before Illness or Injury	\$
How did you hear about Pegasus?			
Secondary Contact Information (Used only if Pegasus is unable to contact applicant due to phone being disconnected or applicant being hospitalized)			
Name			
Relationship to Applicant			
Phone #			
Medical Information			
Last Duty Day at Work			
Estimate Return to Work Date			
Living Situation			
Living alone, w/spouse or partner, roommates?			
How many children under 18 years of age living with you?			
Secondary Income			
Do you have a secondary job or home business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, explain.			

Many AFA carrier contracts provide ways to supplement your salary (Sick Banks/Vacation Days) while on a Short/Long Term Disability leave or while receiving Worker's Compensation benefits.

These options are usually incorporated into the Leave; Family Medical Leave Act (FMLA); the On The Job Injury (OJI) or Sick Leave Sections of an AFA contract. Please review your AFA contract or contact your Local AFA representative for possible means of supplementing your income during this time of illness/injury.

Have you applied for Social Security, State Disability, etc.	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list:
If so, have you been:	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Claim Still Being Processed <input type="checkbox"/> N/A <input type="checkbox"/>
Have you applied for Short-Term Disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, have you been:	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Claim Still Being Processed <input type="checkbox"/> N/A <input type="checkbox"/>
Have you applied for Long-Term Disability?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, have you been:	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Claim Still Being Processed <input type="checkbox"/> N/A <input type="checkbox"/>
Have you taken a loan from your 401(k)? (Pegasus Project does not expect applicants to withdraw from 401(k) but please be aware that it is an option)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have you declared bankruptcy in the past 24 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you exhausted any Sick Banks hours available to you?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If so, when? _____
Have you exhausted any Vacation Hours that are available to you?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> If so, when? _____
If your injury occurred while at work, have you applied for Worker's Compensation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when? _____
If so, have you been?	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Claim Still Being Processed <input type="checkbox"/> N/A <input type="checkbox"/>

Other Airline Assistance Programs (Please indicated amount you have received below)		
Alaska Airlines Employee Assistance Fund (EAF)	(206) 870-2768	\$
Hawaiian Airline's Wings of Hope	(808) 838-5575	\$
Northwest Airline's Beacon Foundation	(651) 245-2441	\$
United Airline's CAUSE	(888) 288-9036	\$
United's Employee Relief Fund (ERF)	(877) 488-2373	\$
Other :		\$

## Monthly Household Income & Expense Worksheet

Fill in **EVERY LINE** and use **N/A** if an item is **Not Applicable**.

Estimated Household Monthly Income	
Disability Payments	\$
Short-Term or Long Term Disability Payments	\$
Worker's Compensation Payments (OJI)	\$
Company Paycheck or Supplemental Paycheck	\$
Spouse or Partners' Total Income	\$
Alimony or Child Support Received	\$
Other Employment Income	\$
Other	\$
<b>Total House Household Income</b>	<b>\$</b>

Estimated Household Monthly Expenses	
Mortgage/Rent	\$
Gas and/or Electric	\$
Water Bill	\$
Home Phone Bill	\$
Cell Phone	\$
Internet Charges	\$
Auto Insurance	\$
Home Insurance	\$
Food Expenses	\$
Medical	\$
Other:	\$
<b>Loans and Credit Cards (list individual monthly loans and credit card debt. i.e. student loan \$100 , auto loan \$350, VISA \$75 )</b>	
Loans:	
Total Monthly Loan Payments	\$
Credit Cards:	
Total Monthly Credit Card Payments	\$
<b>Total Expenses</b>	<b>\$</b>

Miscellaneous Funds	
Checking Account Balance	\$
Savings Account Balance	\$
401(k) Account Balance	\$
Other Funds:	\$
<b>Total</b>	<b>\$</b>

Prioritize the bills you feel are more critical to be assisted with at this time
1.
2.
3.

**Applicants Explanation of Injury or Illness**

So that we may better understand what your injury or illness is please provide a **complete description** of your medical circumstances and the expected duration of your disability. All information will be kept confidential within The Project’s Review Board. Please **print** the information clearly and include a copy of the Accident/Injury form from your company on their letterhead, if applicable. If additional space is needed please continue on the back of this page.

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**Truth Disclosure Statement**

**PLEASE READ ALL OF THE FOLLOWING CAREFULLY & SIGN**

To the best of my knowledge, all information and declarations on this application are true and accurate representations of my current health circumstances and financial affairs. I agree to provide any additional documentation upon request. I understand the penalty for misrepresentation will be the forfeiture of future eligibility for relief funds, and I will be liable to repay all funds that have been granted on the basis of misrepresentation of the facts. I understand that this application does not guarantee I will receive a grant nor does it guarantee that any particular amount of grant will be received.

The Pegasus Project does not discriminate on the basis of sex, age, race, religion, national origin, marital status, or sexual orientation. All information provided by the applicant or his agents and representatives is strictly confidential. By signing below this applicant agrees to allow the Pegasus Review Board to contact their AFA EAP representative, or EAP Director, on their behalf, if it is deemed necessary to obtain additional information. In addition the enclosed “Medical Release of Information” form must be signed giving the review Board permission to obtain additional relevant information from their health care providers for the Pegasus Project to seek clarification, if necessary, in order to complete verification of their disability status.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Today’s Date



**Medical Release Form**

RE: Release of Medical Information

I, \_\_\_\_\_, am authorizing release of all medical records, pertinent to my diagnosed medical condition, which may be relevant to the performance of my flight attendant safety-sensitive duties. I'm authorizing release of this information to The Pegasus Project, a non-profit organization, which assists flight attendants with emergency financial assistance when faced with life threatening illnesses or injuries. The Pegasus Project will maintain my records in a confidential manner.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

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**To Be Completed by Your Medical Physician**

As the treating physician, the Pegasus Project is requesting a description, in laypersons terms, of this patient's medical condition. Your assistance in providing this information in a timely manner will help expedite the process for providing financial assistance to our Pegasus applicant.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Printed Name: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Today's Date: \_\_\_\_\_

## **Additional Resource Guide**

While the Pegasus Project's mission is to provide short-term emergency grants for AFA members in need of financial assistance due to a critical or life-threatening illness or injury, we also direct members in need to other resources within their community. We hope you will utilize the following resources.

### **Local Food Banks**

Go online and type in "food banks" or the name of the city you live in and "food banks" for a listing of food banks in your area.

### **Labors Community Service**

In most major cities across the country – this agency can sometimes assist with keeping utilities on and staving off a foreclosure on a home. Listing of LCS's can be found in the People Who Help People Directory under the resource page at [www.thepegasusproject.org](http://www.thepegasusproject.org)

### **Apply for Food Stamps**

Most states now utilize a debit type card instead of food stamp books. The user swipes their card at the grocery check-out and it looks like they are using their debit card. This has made the program more user friendly for those participating. If an applicant is denied food stamps initially, Pegasus suggests you re-apply after 3 months since the Department of Economics usually looks back at your last 3 months of income. After an applicant has not been receiving a paycheck for 3 months, then they may be eligible for food stamps.

### **Check with Religious Affiliations**

Local churches, temples etc. will sometimes offer different types of services to their community.

### **Credit Card Counseling**

Contact Consumer Credit Counseling Services at (866) 515-2227 for assistance with debt management plans and housing counseling.

### **Phone Cards**

Costco offers phone cards with a rate of 3.4 cents a minute. This helps reduce the long distance amount on home and cell phone numbers.

### **Reducing Utility & Phone Bills**

Call your local Utility and Phone Company to inquire about Hardship Case Plans.

### **Through Avon**

[www.cancercare.org](http://www.cancercare.org) provides financial grants to assist with transportation to and from chemotherapy and radiation treatments. Also [www.acor.org](http://www.acor.org) provides extensive resources for cancer.

### **Airline Carrier Assistance Programs**

- Alaska Airlines Employee Assistance Fund (EAF) 206-870-2768
- Hawaiian Airline's Wings of Hope 808-838-5575
- Northwest Airline's Beacon Foundation (651) 245-2441
- United Airline's CAUSE 888-288-9036 or Employee Relief Fund (ERF) 877-488-2373

If you know of any additional resources that you or a loved has used and would like to recommend, please contact us at [pegasus@thepegasusproject.org](mailto:pegasus@thepegasusproject.org). Thank you!