



LifeWays North America

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Nurturing Children, Families and Caregivers

Financial Assistance Form (rev 1-16)

Please submit the following information:

Name _____

Address _____

Phone _____ Email _____

Program you are applying for _____

Current annual household income (net) \$ _____

Current annual household expenses \$ _____

Amount of other support possibilities (family, friends, professional support, loans)

\$ _____ Please explain _____

Assets

Liabilities

Checking/savings _____

Credit card _____

Liquid assets that could be used to help pay for the program: \$ _____

What could you pay as an initial payment? _____ On a monthly basis? _____

Other thoughts about a payment plan? _____

Explanation of need for financial assistance: