



Enheartening Lives, Awakening Purpose

Financial Assistance Form (rev 1-21)

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:

Please e-mail this form to Kari Cottrell at finances@lifewaysnorthamerica.net

Thank you.