



New Day Women's Center
 5575 Lake Park Way, Suite 106
 La Mesa, CA 91942

NDWC Sliding Fee Scale or Scholarship Request Application Form

Are you applying for: Sliding Scale Fee Scholarship

Client Information

Today's Date: ____/____/____

First Name	Middle	Last	NDWC Counselor's Name
Home Address	City	State	Zip
Mailing Address	City	State	Zip
Home Phone #	Cell Phone #	Date of Birth	

Household Size

First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth
First Name	Last Name	Date of Birth

NOTE: To comply with our NDWC policies, and in order to give you a discount on our counseling services, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. You must verify your income at least every year.

Your annual income and your family size will be used to calculate your discount. We may request yearly income tax return, a copy of your W-2 form, last month's paycheck stubs, copies of your social security checks, or other checks as proof of income.

Household Income

Name	Amount	Frequency (circle one)	Employer
(You)	\$	Weekly Monthly Yearly	
(Spouse)	\$	Weekly Monthly Yearly	
(Children)	\$	Weekly Monthly Yearly	
(Other)	\$	Weekly Monthly Yearly	
(Other)	\$	Weekly Monthly Yearly	
TOTAL Household Income	\$	Weekly Monthly Yearly	

Other Income	You	Spouse	Children	Other	Subtotal (from above)
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
					TOTAL \$



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I do hereby swear or affirm that the information provided on this NDWC Sliding Fee Scale and Scholarship Application Form is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the sliding fee or Scholarship use program. I further agree to inform New Day Women's Center if there is a significant change in my income. If acceptance to the sliding fee or Scholarship program is obtained under this application, I will comply with all rules and regulations of New Day Women's Center. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Name (Print): _____

Signature: _____

For Office Use Only:

Received: ____/____/____ Initial: ____

Counselor applying for client's sliding scale/ scholarship assistance:

Name Date:

Approved by Director of NDWC:

Phyllis Vokey Long, Director Date:

Number of Sessions Approved: _____

Comments:

