



Sliding Scale Fee Application Form

Erlanger Women's Health – Class Registration

Participant Information

Name: _____

Email: _____

Income Information

What is your total household income?

(Please select one)

- Below \$20,783
- \$20,784 - \$28,207
- \$28,208 - \$35,632
- \$35,633 - \$43,056
- \$43,057 - \$50,480
- Above \$50,480

Number of people in your household: _____

If you are self-employed, please provide your average monthly income:

\$ _____

Verification of Income

(Please select one or more of the following options to verify your income)

- Recent pay stubs (1-2)
- Most recent tax return
- W-2 or 1099 forms
- Recent bank statements
- Benefit letters from government assistance programs
- Employer verification form (available upon request from your employer)



Important Note

Please be aware that there are limited spots available.

Response and Discount Code

You will receive a response within 5 business days with your eligibility status and a discount code to be applied to your class fee. **The discount code can be used for up to two (2) one-day classes/eclasses or one (1) all day class.**

Signature

I certify that the information provided above is accurate and truthful.

Signature: _____

Date: _____

Additional Comments (optional):

Instructions for Submission:

Please submit this application form along with any required documentation to WomensNavigator@erlanger.org.

If you have any questions, feel free to contact us at 423-778-5544.