



APPLICATION FOR FINANCIAL ASSISTANCE

The EPO Financial Assistance Program is available for parents with limited incomes. Program fees may be reduced based on annual household income. All parents must pay a minimum class fee of \$10.00 which must be sent in with this application. The information requested below will be used to determine whether you are eligible for Financial Assistance. It will be kept in strict confidence. After your form has been reviewed, you will be contacted regarding your eligibility.

Please mail the following to the Expectant Parents Organization, P O BOX 4790 East Lansing, MI 48826-4790 as soon as possible.

- **Financial Assistance Form with all items completed**
- **Copy of your most recent paycheck stub or W-2 form**
- **EPO Registration Form**
- **\$10.00 minimum class fee**

If you have any questions, please call (517) 337-7365, Monday through Thursday, between 9:00 AM and 1:00 PM.

NAME(S)		DUE DATE
STREET	CITY	ZIP
HOME PHONE	WORK PHONE	HOSPITAL OF DELIVERY
WHICH CLASS(ES) DO YOU WISH TO ATTEND?		
ANNUAL GROSS <u>HOUSEHOLD</u> INCOME		
NUMBER OF PEOPLE SUPPORTED BY THIS INCOME		
MOTHER'S PLACE OF EMPLOYMENT:		
EXPECTANT FATHER'S (OR SUPPORT PERSON'S) PLACE OF EMPLOYMENT:		