



Expectant Parents Organization
 271 Woodland Pass, Suite 214
 East Lansing, MI 48823
www.epobaby.org
 517.337.7365

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 and will be kept in strict confidence. After your form has been reviewed, you will be contacted regarding your eligibility.

Please mail by the date indicated below to: Expectant Parents Organization
 271 Woodland Pass, Suite 214
 East Lansing, MI 48823

Include the following:

- 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 3:00 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:			
We must receive this form, your paycheck stub or W-2 form, EPO Registration, and the minimum class fee of \$ 10.00 in our office by _____.			
After that date we will no longer hold a space for you.			

NOTE: Financial Assistance is not available for Private Classes, the Sibling Class or the One-Day Prenatal Seminar.