

Sliding Scale Application For Maple Center Programming

Please complete the following information to the best of your ability. Upon review of this application, you will be notified if you have been awarded a discount on registration fees for the program you have listed below.

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Title of Program: _____

Date of Program: _____

Total Cost of Program's Fees: _____

Number of individuals in your household: _____

Estimated annual household income:

_____ Less than \$10,000 _____ \$10,000-\$15,000

_____ \$15,000-\$20,000 _____ \$20,000-\$30,000

_____ More than \$30,000

Do you receive Medicaid benefits? _____

Describe any other special circumstances that require you to request discounted programming fees? (For example, extensive medical expenses)

I verify that all submitted information is true and accurate to the best of my knowledge.

Signed _____ Date _____

You may mail this to our office at the address below or e-mail it to us an attachment at info@themaplecenter.org. This information will not be released to any third parties and will be used exclusively by The Maple Center, Inc. to award sliding scale discounts on programming.



The Maple Center, Inc,

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