

SLIDING SCALE APPLICATION FOR DARING DAUGHTERS' PROGRAMS

At Daring Daughters INC., we are committed to making our programs accessible to all individuals, regardless of financial circumstances. To ensure equity, we offer a sliding scale fee structure based on your financial situation. Please fill out this application accurately and completely to determine your eligibility.

Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address: _____

Program Information

Which Daring Daughters program are you applying for? (Please specify):

Income Information

Please indicate your total household income:

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Are you currently receiving any financial assistance? (e.g., SNAP, WIC, Medicaid, housing assistance, etc.)

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If yes, please list: _____

Additional Information

Why do you want to participate in this program?

Do you have any special circumstances that you would like us to consider?

Documentation

To verify your eligibility for the sliding scale, please provide ONE of the following documents:

- Most recent tax return (first page only)
- Two most recent pay stubs
- Proof of financial assistance (e.g., SNAP or Medicaid card)

Consent and Agreement

By signing below, I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from participating in Daring Daughters' programs.

Signature: _____

Date: _____

For Office Use Only

For Office Use Only

Date Received: _____

Reviewed By: _____

Sliding Scale Fee Assigned: _____

Notes: _____

Thank you for your application. Our team will review your submission and notify you of your eligibility and fee adjustment within 7-10 business days.