

## **Financial Assistance Application**

UNMC's Engage Wellness offers need-based financial assistance to help individuals and couples access our programs. Scholarships are made possible by generous support from donors, and are subject to availability of funds. Scholarship award amounts are based on the gross annual income provided to us.

Applying is easy and confidential. Complete the application (on the back) and return it Engage Wellness with copies of your applicable financial documentation:

- Most recent year's Federal Income Tax Form
- Food stamps
- Social Security Income
- Disability Income
- Any other relevant income source

If you do not file Federal Income Taxes, provide a letter of verification of your non-filing status from the Internal Revenue Service office.

	2024 U.S. Poverty Level	Income Limit (175% of Poverty Level)	Annual Gross Income	Estimated Monthly Membership Dues			
Individual	\$15,060	\$26,355	\$0-\$15,060 \$15,061-\$20,707 \$20,708-\$26,355	\$20.00 + tax \$25.00 + tax \$30.00 + tax			
Couple	\$20,440	\$35,770	\$0-\$20,440 \$20,441-\$28,105 \$28,106-\$35,770	\$31.00 + tax \$39.00 + tax \$47.00 + tax			
One-time enrollment fee: \$25+tax for an Individual, \$40+tax for a Couple.							

Note: Financial assistance applications must be reviewed every year. You will need to submit updated financial documentation. Engage Wellness reserves the right to adjust your monthly rate at any time.



## **Financial Assistance Application**

Primary Applicant:

X				
Last Name	First Name	MI	Date of Birth	
X Address				
Address	City	State	Zip	
V				
X Phone Number	E-mail			
Phone Number	E-mail			
Secondary Applicant (	Couple membership).			
Х				
Last Name	First Name	MI Date of E	Birth	
Household Size:				
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riease provide a brier d	lescription of your mancials	situation and any other rele	evant details you would like co	msidered.

I understand that I/we must attend UNMC's Engage Wellness an average of two times a week to maintain scholarship (with the exception of being gone for medical reasons or travel – it is my/our responsibility to notify Engage Wellness in these cases). I certify that all information submitted is true and complete to the best of my knowledge. I understand that proof of income must be submitted yearly to Engage Wellness for review and approval.

Signature of Primary Applicant Date