

Fitness Clinic for Individuals with Disabilities

San Diego State University

FINANCIAL STATEMENT OF APPLICANT FOR FEE REDUCTION

I Demographic Table

Name

Street, apartment #

City State zip code

Area code phone #

II. Financial

Monthly Income

Wages: (employer-_____) \$ _____
Family assistance, #SSIO Income, _____
Other income (describe) _____

Total \$ _____

Monthly Expenses

Rent \$ _____
Food _____
Living expenses _____
Installment payments _____
Other expenses (describe) _____

Total \$ _____

Assets

Cash \$ _____
Savings _____
Checking (av. bal.) _____
Auto _____
Year, make _____
Other assets (describe) _____
Home _____

Return completed form to:
Dr. Peter Aufmesser, Director
Fitness Clinic for the Physically Disabled
Department of E.N.S.
San Diego State University
San Diego, CA 92182

Indicate the amount of financial assistance you are requesting: \$ _____

Additional Comments: _____

Signature of Applicant

Date