SDSU Fitness Clinic

Application for Sliding Fee Discount

Name: Date:

Address:

City/State: Email:

Phone (home): (cell):

Total number of persons in your household:

Total annual income (gross):

*I certify that the above information is true to the best of my knowledge. By signing this application, I give the Fitness Clinic permission to obtain any further information relevant to this assistance request. Please provide supporting documents (bank statement deposits, facepage of tax return, or current check stub) to verify income level at time of application submission.*

Signature of Applicant Date

Return completed form to: SDSURF Fitness Clinic

5500 Campanile Drive

School of ENS, SDSU

San Diego, CA. 92182-7251