



Income-Based Discount Application Form

Please fill out this application and send it to:
newhope@rinconfamilyservices.org

Full Name _____
 Name Last Name M.I.

Permanent residence _____
 Number, Street - Apartment Number

 City, State, ZIP

Phone _____ E-mail _____

Date of birth _____ Occupation _____

What is your gross family annual income BEFORE deductions (please include all working adults, above age 21)?
 \$ _____ Proof of income (hard copy) will be required by the time of registration

Please list all immediate family members and persons living in your household (spouse or life partner and children that are under the age of 21 years) and that are dependent on family income. Please do not include guests, elderly parents or roommates.

Intended Studies CADC Certification CODP Certification Other

List the secondary school from which you graduated, and all higher education institutions attended.

List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. You will have space to list two.



NEW HOPE
SCHOOL OF COUNSELING
A program of Rincon Family Services

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Describe the problem or needs of society you want to address upon completing your New Hope School of Counseling Certification: (No more than 300 words)

What do you hope to do and what position do you hope to have upon completing your New Hope School of Counseling Certification? (No more than 300 words)

I _____ affirm the information contained here is true and accurate
Full Name

Date _____