



Financial Assistance Participant Agreement Participant Statistics:

Name: _____

Address: _____

Phone: _____

Email: _____

I would like to enroll in this program because: _____

As a program participant, it is my hope that I will (explain anticipated outcome): _____

~~2/2/2017~~ _____

As a program participant, I agree and understand that I am required

- x to participate in program measurement by completing and submitting, on a timely basis, surveys, questionnaires, testimonials, follow up phone calls after receiving services and other measurement tools as provided to me by &/

Signature

Date