

Financial Assistance Information & Conditions

We're flexible. We offer financial assistance to those facing financial barriers. Please read the following information and submit a completed application form electronically or in person if you would like to apply.

Who is eligible for financial assistance?

People who are facing financial barriers and are unable to pay the full fee for a membership. Try the introductory fortnight pass first! It's the best deal out there. Once your introductory fortnight is up you may apply for financial assistance.

How much assistance will Salti Yoga provide?

Everyone must pay a portion of the fee for the membership they are applying for. However, we recognize that everyone's financial situation is unique, so we assess everyone individually and offer financial assistance on a sliding scale. Be prepared to provide financial records for your monthly income and expenses in order to be approved for financial assistance.

If I am approved for assistance, what is expected of me?

All information you provide will be kept confidential. We expect the same confidentiality from you. A Salti Yoga membership requires a commitment to making your payments on time and regular use of your membership. You are required to reapply every 6 months if you wish to continue receiving assistance. If you are approved for assistance, your approval is valid for 30 days. If you do not purchase a pass within 30 days of approval, your approval will expire and you will be required to reapply if you wish to receive financial assistance.



Financial Assistance Application Form

Name:			
Address:			-
Phone:	Bi	rthdate(mm/dd/yy): _	
Applying for:			
Day Pass			
10 classes		Monthly Unlimited N	Membership
Reason for applying for f	inancial assistance) :	
Are you currently employ			
Job title:		Employer:	
How much can you afford	d to pay per month	towards your member	ership? \$
Basic monthly expenses:			
Housing (rent/mortgage)	\$	Cable	\$
Groceries	\$	Internet	\$
Transportation (gas, insurance, bus, etc.)	\$	Phone	\$
Utilities	\$	Other	\$
Total expenses:	\$		
Total monthly household income: (employment, public assistance, child tax credits, etc.)	d \$		



How often do you anticipate using your membership?					
once a week or less twice a	week	three times a week or me	ore		
Have you used your introductory fortnight pass?					
What benefits do you hope to gain from your membership?					
All of the information provided in this application will remain confidential. Applications are processed weekly. We will contact you within 7-10 business days to let you know about the status of your application. If you are approved for financial assistance, be prepared to make your first payment and get on your yoga mat! If you do not meet the requirements for financial assistance we invite you to apply again if your financial situation changes. Thank you for taking the time to apply.					
All of the above information is accural have read, fully understand and agree I have read, fully understand and agree	ee with Salti Y	oga's financial assistance			
Name (Print)	S	ignature	Date		
Office Use Only Approved Pass: Not Approved Reason:	_ Applio	cant's contribution: \$			
 Manager, Salti Yoga		 Date			

The personal information on this form is collected under the authority of Salti Yoga. In accordance with the *Freedom of Information and Protection of Privacy Act*, it will be used only for the purpose of this application and other legally authorized administrative purposes within Salti Yoga. If you have questions regarding the collection/use/retention of this information, please contact a manager at Salti Yoga 705-743-8490.