



SCHOLARSHIP APPLICATION

Client Name: _____

GENERAL:

Phone Number: _____ May we contact you here? ___ Yes ___ No
Email: _____ May we contact you here? ___ Yes ___ No
Mailing Address: _____ May we send mail here? ___ Yes ___ No

Gender: ___ Male ___ Female

How did you hear about us? _____

Name of Counselor: _____

Name of Counseling Center: _____

Please check the most accurate description of the type of counseling for which you are seeking support.

- Individual
- Couples
- Family

If you are seeking support as a couple or family, please list the names of everyone who will be attending counseling sessions:

How long have you been attending counseling? _____

Please give us a brief description of why you are attending counseling.

Do you have any dependents? If yes, how many? _____



Do you have any special circumstances you would like us to be aware of? If yes, please explain.

FINANCIAL:

Rent/Mortgage	
Car Insurance	
Taxes	
Utilities	
Cable & Phone	
Gas & Tolls	
Clothing	
Groceries	
Health Insurance	
Car Payments	
Credit Card Payments	
Car Repairs	
Entertainment	
Medical Bills & Medications	
School Loans	
Child Care	
Elder Care	
Tuition & Books	
Vacation Expenses	
Counseling	
Other (describe)	
TOTAL MONTHLY EXPENSES	\$

Wages (Yourself)	
Wages (Your Spouse)	
Child Support	
Alimony	
Savings	
Investments	
Other (describe)	
TOTAL MONTHLY INCOME	\$

- A. Net Monthly Income: _____
- B. Net Monthly Expenses: _____
- C. **Surplus/Deficit (A-B):** _____

Are there any extenuating circumstances regarding your finances that you want us to take into consideration? If yes, please give us a brief description below and continue on back if needed.

Does your insurance reimburse you? Yes No

How much do they reimburse you per session? \$ _____



Do you have funding from any other sources? (For example, a parent, friend, church or other organization) _____ Yes _____ No

How much can they contribute per session? \$ _____

How often are you planning to attend counseling?

- Weekly
- Bi-weekly
- Monthly
- Less than once per month
- More than once per week

How much do you think you can contribute to counseling? \$ _____/session

By signing below, I acknowledge that the information provided is accurate and complete.

Signed: _____

Date: _____