FAMILY LIFE RESOURCE CENTER

# Scholarship Application for Counseling Services

**Client Name:** _____ Date: _____

Address:_____

Phone: _____ Email: _____

**Household Information:**
Number of people in household: _____

Dependents under the age of 18: _____

**Income Information**
Sources of income and estimated annual amount per source of income:

_____
_____
_____

**Total Annual Household Income:** _____

**Financial Information**
Checking/Savings Balance: _____

Home Ownership (own/rent): _____

Monthly Rent/Mortgage Payment: _____

Other Financial Obligations: _____

List any Medical Insurance Coverage: _____

**Statement of Need**
Please explain briefly why you are requesting a scholarship for counseling services:

_____
_____
_____

**Certification**
I certify that the information provided above is accurate and complete to the best of my knowledge and acknowledge that Late Cancel and No Shows will be billed at $50 per incident.

Signature of Applicant/Guardian: _____ Date: _____

**Office Use Only**

Qualified Scholarship Amount:_____ Session Fee After Scholarship:_____

Scholarship Approval Date: _____ Scholarship Expiration Date: _____

Executive Director Signature: _____