



THE BARNABAS CENTER
A COUNSELING, TRAINING & TEACHING MINISTRY

REQUEST FOR SCHOLARSHIP

All information will be kept strictly confidential

Counselor/Group name: _____

Client #1 → 1. _____ Last year's Total Income [from line 22 Fed. Tax return]
 2. _____ Current year's projected income [or pension/retirement income]
 3. _____ Other avenues of revenue/income [gifts from parents, inheritance, savings, alimony etc.]

Client #2 → 4. _____ Last year's Total Income [from line 22 Fed. Tax return]
 (or spouse)
 5. _____ Current year's projected income [or pension/retirement income]
 6. _____ Other avenues of revenue/income [gifts from parents, inheritance, savings, alimony etc.]

Total Household income:
 _____ Combined Total of last year's Total Income [lines 1+4]
 _____ Current Year Projected Total [lines 2+3+5+6]

Briefly describe any extenuating circumstances: _____

List your options for other financial assistance for your counseling/group work:

_____ Church Benevolence Fund _____ FSA _____ Medical Insurance Benefits _____ Other (i.e. family etc.)

What has the response been from your options above? _____

I verify that this information is true to the best of my knowledge. I will let my counselor know if my circumstances or status in salary changes.

Client # 1: _____ print name _____ signature

Client # 2: _____ print name _____ signature

Email address _____ Preferred phone #: _____ [hm / wk / cell]

REPLY TO SCHOLARSHIP REQUEST

_____ Your counseling rate will be \$ _____ per 50 minute session representing a discount of \$ _____.
 Effective _____ Expires in 6 months on _____.

_____ Your Group/Seminar fee for _____ will be \$ _____ representing a discount of \$ _____.
 Effective _____ Expires on _____.

_____ We do not have scholarship funding for you at this time. If your financial circumstances change, you may reapply.

Counselor: _____ signature _____ date

For questions, please contact Michelle Conrad at 804-741-2333 or mconrad@thebarnabascenter.org

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