



REQUEST FOR SCHOLARSHIP

All information will be kept strictly confidential

Counselor/Group name: _____

THE BARNABAS CENTER
A COUNSELING, TRAINING & TEACHING MINISTRY

Client #1 → 1. _____ Last year's Total Income [from line 9 Fed. Tax return]
2. _____ Current year's projected income [Include pension, retirement, child support, unemployment, severance]
3. _____ Other avenues of revenue/income [gifts from parents, inheritance, savings, alimony etc.]

Client #2 → 4. _____ Last year's Total Income [from line 9 Fed. Tax return]
(or spouse)
5. _____ Current year's projected income [Include pension, retirement, child support, unemployment, severance]
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]

Total # of Dependents in household: _____ Briefly describe any extenuating circumstances: _____

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

_____ Church Benevolence Fund _____ 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. I understand that the counselor's full approved rate is expected at the beginning of each appointment until all financial assistance and/or church scholarship documentation is submitted and approved. Please allow two business days for processing.

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 12 months _____.

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 Cinda Hutchinson, 704-365-4545, ext. 317 or chutchinson@thebarnabascenter.org

Phone: 704.365-4545 Fax: 888.723.9330

7615 Colony Road, Suite 200, Charlotte, NC 28226 www.thebarnabascenter.org