



THE BARNABAS CENTER
A COUNSELING, TRAINING & TEACHING MINISTRY

REQUEST FOR SCHOLARSHIP

All information will be kept strictly confidential

Counselor/Group name: _____

Total Household Gross Income:

1. _____ Combined total of last year's total income [from line 9 of your federal tax return]

2. _____ Current year's projected total [include retirement withdrawals, child support, alimony, unemployment, severance]

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

Indicate any other financial assistance for your counseling/group work:

_____ Church/Employer Assistance _____ Medical Insurance Benefits _____ Other (i.e. family, friends, etc.)

What has the response been from the above options? _____

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

(initial here) **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 #: _____ [home/work/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, Scholarship Coordinator, at 704-365-4545 ext. 317 or chutchinson@thebarnabascenter.org