



KARIS HOUSE
COMMUNITY COUNSELING CENTER



REQUEST FOR SCHOLARSHIP

All information is kept confidential

CLIENT NAME(S): _____

First time applicant

Renewal application

COUNSELOR NAME: _____

GROUP SEMINAR NAME: _____

1. _____ Last year's total household Income (from line 22 Fed. Tax return)
2. _____ Current year's projected household income
(include pension, retirement, child support, unemployment, severance)
3. _____ Other income/resources (support from parents, inheritance, savings, alimony etc.)

Total # of persons in household: _____

Briefly describe your need for scholarship & any extenuating circumstances: (debt, student status, another member of household receiving counseling, etc.)

Please check one:

- I am a member/attender at a local Journey Church (location: _____)
- I am a member/regular attender of another local church (name: _____)
- I do not attend a local church

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 Date

Client #2: _____
Print Name Signature Date

Email address _____ Preferred phone # _____

OFFICE USE ONLY

Your counseling rate will be \$ _____ per 50 minute session representing a scholarship of \$ _____.
 Effective _____ Valid for _____ Sessions.

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

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