



REQUEST FOR SCHOLARSHIP

All information will be kept strictly confidential

Counselor Name: _____

THE BARNABAS CENTER
A COUNSELING, TRAINING & TEACHING MINISTRY

Client #1 → 1. _____ Last year's Total Income [from line 7 of 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 7 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 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.

Client # 1: _____ *print name* _____ *signature*

Client # 2: _____ *print name* _____ *signature*

Email address _____ Preferred phone #: _____

REPLY TO SCHOLARSHIP REQUEST

_____ Your counseling rate will be \$ _____ per 50-minute session representing a discount of \$ _____

Effective Date _____ Expires in 12 months on _____

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

Counselor: _____ *signature* _____ *date*

For questions, please contact Valerie Godwin at 336-521-7641 or vgodwin@thebarnabascenter.org.

Please allow two business days for processing.