

FLORIDA COUNSELING FOUNDATION

Roger Shepherd, Director

SCHOLARSHIP INFORMATION

Name _____

One of the unique features of Florida Counseling Foundation is the ability to offer scholarships to clients with financial needs. The following information will acquaint you with the procedures and policies involved that enable us to provide this ministry.

1. The initial counseling session is billed at \$100.00 while your scholarship application is being reviewed. You are responsible for this first session fee even if you qualify for a larger scholarship for future sessions.
2. This scholarship questionnaire that you complete will be reviewed by the scholarship committee of the Board of Directors of Florida Counseling Foundation.
3. Scholarships will be awarded by the above committee according to need, available counseling hours, available scholarship funds and recommendation of the counselor.
4. Scholarships may be reviewed on a monthly basis.
5. If a scheduled appointment needs to be canceled by the client for a non-emergency, a 24-hour notice is required to allow this time to be made available to other clients. If the 24-hour notice is not given, a \$100.00 cancellation fee will be charged.

The Scholarship Fund of Florida Counseling Foundation is supported by the financial gifts of concerned people. We want to utilize these funds in an equitable manner, keeping in mind the needs of the Foundation as well as the needs of those who seek counseling here. Your answers to the following questions will help us in determining how much financial assistance you need.

What amount would you be able to pay per session? \$ _____

Average monthly income:
(Please check one)

_____ \$5,000 & above

_____ \$3,000 - \$5,000

_____ \$1,000 - \$3,000

_____ \$1,000 and below

Monthly fixed expenditures:
(Please list amounts)

_____ Housing

_____ Car Payment(s)

_____ Loan Payment(s)

_____ Credit Cards

_____ Other

Are there extenuating circumstances you want us to take into consideration?

_____ Yes _____ No Please explain on back.

I understand the above policies and agree to abide by them if awarded scholarship funds by Florida Counseling Foundation.

Signed _____ Date _____

(The above is considered confidential information and will remain in your file.)

Counselor's Recommendation _____

Board's Decision _____