



1543 Lake Baldwin Lane, Suite B - Orlando, FL 32814
 info@chariscounselingcenter.com | Fax: (407) 894-5620

Confidential Counseling Scholarship Application

Charis provides a limited number of scholarships available to clients, based on financial need. If you would like to be considered for a scholarship, **please complete all the information on this sheet and return it to the Charis office.** Processing scholarship requests typically takes about 1 week, after which we will notify you regarding the outcome. *Feel free to include additional comments/questions on the back of this form.*

Name _____

Address _____

Email _____ May we send an email? Yes No

Contact Phone _____ May we leave a voice message? Yes No

Including you, how many adults live in your home? _____

Number of children under your care: _____ Ages: _____

On a scale of 1 to 10 (1 being least distressing and 10 being most distressing), how would you rate the problem(s) for which you are seeking counseling? _____

Briefly explain your counseling need. (Put "confidential" if it is a private matter.)

Are you a current Charis client? Yes No
 If yes, what is your counselor's name? _____

If no, do you have a counselor preference? _____

What could you afford? \$ _____ per session and _____ sessions per month
 (Each counselor sets his/her own fees, with normal fees ranging from \$90-175 per session.)

I acknowledge that all information provided on this form is both accurate and complete.

Signature _____ Date _____

<p>Office Use Only</p> <p><input type="checkbox"/> Scholarship Approved</p> <p>Discount Rate: _____</p> <p>Period (choose one):</p> <p><input type="checkbox"/> _____ # of sessions</p> <p><input type="checkbox"/> Until _____ (date)</p> <p><input type="checkbox"/> Until further notice</p> <p>Counselor Signature _____ Date _____</p>	<p>Date Received _____</p> <p><input type="checkbox"/> Scholarship Denied</p> <p>Reason: _____</p>
---	---

Please record all household income and expenses based on your best monthly estimate.

Monthly Household Income

Salaries \$ _____

Benefits/Support \$ _____

Other \$ _____

TOTAL Income \$ _____

Monthly Household Expenses

House/Living

Mortgage/Rent \$ _____

Insurance \$ _____

Utilities \$ _____

Computer/Internet \$ _____

Cell Phone \$ _____

Supplies \$ _____

Other \$ _____

Transportation

Car Payments \$ _____

Insurance \$ _____

Gas \$ _____

Other \$ _____

Other Debt Payments

Credit Card \$ _____

Student Loans \$ _____

Other \$ _____

Food

Groceries \$ _____

Eating Out \$ _____

Other \$ _____

Recreation

Cable TV \$ _____

Movies/Theater \$ _____

Babysitting \$ _____

Vacations \$ _____

Other \$ _____

Medical

Health Insurance \$ _____

Doctor/Dentist \$ _____

Prescriptions \$ _____

Other \$ _____

Misc

Clothing \$ _____

Support Payments \$ _____

School \$ _____

Personal Care \$ _____

Pets \$ _____

Gifts/Charity \$ _____

Fees \$ _____

Other \$ _____

TOTAL Expenses \$ _____