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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? _____
 Do you want to see a male or female therapist? _____

What could you afford? \$ _____ per session and _____ sessions per month
 (Each counselor sets his/her own fees, with normal fees ranging from \$90-200 per session.)

What days are you available? _____
 Would you prefer: Mornings Afternoons Evenings

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

Signature _____ Date _____

**** Please note that this scholarship is approved on an individual basis and we ask that you use your discretion when speaking to other individuals about the rates specifically approved for you.**

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

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 \$ _____