



378 Center Pointe Circle, Suite 1252
Altamonte Springs, FL 32701
(321) 287-8089
http://www.newpromisecounseling.org

Counselor: _____ Date: _____

Confidential Counseling Scholarship Application

In order for us to provide you with financial assistance for counseling services, we need to evaluate the following information from you. Please fill out and mail this confidential financial information form to the address listed above.

CLIENT STATEMENT:

Name: _____ Date: _____

Address: _____ Apt / Suite # _____

Street, City, ZIP: _____

Home Phone: _____ May we leave a message at this number? YES NO

Other Phone: _____ May we leave a message at this number? YES NO

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

Living Situation: Single Married Separated Divorced Widowed Other _____

Number of children under your care: _____ Ages: _____

FINANCIAL STATEMENT:

Gross Monthly Income (including salary and other forms of income): \$ _____

Living Expenses (Please include the amount you spend monthly on each item below)

Table with columns for Housing, Entertainment/Recreation, Food, Medical Expenses, Transportation, and Debt. Each category lists various expenses with dollar amounts and checkboxes.

For Office Use Only:
A: _____
B: _____
C: _____
Client Notified: _____
Reapplication Due by: _____
Initials: _____

Are you a current client? YES NO If yes, Counselor Name: _____

By signing below, I acknowledge that the information provided above is both accurate and complete.

Signature: _____ Date: _____

FOR OFFICE USE ONLY: Table with columns for Date, Percentage, Previous Applications, Current Applications, and Pastoral Approval Initials.