



# Scholarship Application

2004 Valparaiso Street, Valparaiso, Indiana 46383 ■ 219-477-5646 ■ FAX 219-476-3190 ■ info@familycounsel.org ■ www.familycounsel.org

Family Concern Counseling makes this Scholarship Application available for those seeking counseling or other psychological services who may have financial circumstances that prohibit them from seeking our service at the normal fee. Please fill out the application and return it as soon as possible. We will contact you by phone within three (3) working days to inform you of possible scholarship funds available to reduce your fee.

Return this application to the attention of:

Director  
Family Concern Counseling  
2004 Valparaiso Street  
Valparaiso IN 46383-3138  
**219-477-5646**

Name \_\_\_\_\_

Spouse (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone – Home \_\_\_\_\_ Cell \_\_\_\_\_

Place of Employment \_\_\_\_\_

Do you have insurance for psychological services?  YES  NO

TOTAL NUMBER OF PERSONS IN HOUSEHOLD: \_\_\_\_\_

TOTAL HOUSEHOLD GROSS INCOME: \$ \_\_\_\_\_ This includes child support, Medicaid, disability, alimony, etc.

If applicable: Child support paid out yearly: \$ \_\_\_\_\_

Other unusual costs: \$ \_\_\_\_\_

**! Please attach copies of two of your most recent pay stubs for each household wage earner for verification. If you are self-employed, attach a copy of last year's income tax return.**

NOTE: If your total household income is over \$76,000, your fee will be at our established fee per session.

Additional Comments: \_\_\_\_\_

We (I) declare that we (I) have reviewed the information above; and to the best of our (my) knowledge and belief, it is true, correct, and complete.

Name of Client \_\_\_\_\_

Signature of Client \_\_\_\_\_ Date \_\_\_\_\_