

APPLICATION FOR SCHOLARSHIP

Name _____ Phone _____ Date _____

Occupation _____ Employer _____

Full-time _____ Part-time _____ Numbers of hours/weeks _____

IF CURRENTLY A STUDENT, please fill out the information below:

School _____ Part-Time Full-Time

As a student, how are you financially supported? Self-supported Parents Other(explain): _____

Who will be responsible to pay for your pastoral counseling services? _____

INCOME

Average monthly wages or salaries \$ _____

Other sources of income \$ _____

MONTHLY TOTAL \$ _____

How much, if any, are you able to pay towards the counseling fee? _____

This information will be reviewed by the pastors and you will receive notice from the church office if you have qualified for a scholarship.