



# Request for Scholarship

All information will be kept strictly confidential

Client Name(s): \_\_\_\_\_

Counselor/Group Name: \_\_\_\_\_

Date of application: \_\_\_\_\_

Local Church (if applicable) \_\_\_\_\_

Projected Total Household Income for current year: \_\_\_\_\_

*Income should reflect that of all wage-earners in household*

Please describe any extenuating circumstances or changes in income in the past year:

\_\_\_\_\_  
\_\_\_\_\_

Please indicate with Yes or No whether you have pursued each of the following options for financial assistance:

\_\_\_\_\_ Church Benevolence Fund                      \_\_\_\_\_ Medical Insurance Benefits

\_\_\_\_\_ FSA    \_\_\_\_\_ Family/Parent Financial Support

*I verify that this information is true to the best of my knowledge. I also verify I will let my counselor know if my circumstances or status in salary changes.*

Client Signature \_\_\_\_\_ Email \_\_\_\_\_

Client Signature \_\_\_\_\_ Email \_\_\_\_\_

## For Office Use Only

Standard Counseling/Group Rate: \_\_\_\_\_

Your Scholarship Rate: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_

*Scholarships will not be honored until all paperwork is complete and signed by authorized Barnabas staff. For questions or more information please contact our administrative team at [rvainfo@barnabasva.org](mailto:rvainfo@barnabasva.org)*