

## 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.