



North Cincinnati Community Church
Counseling Scholarship Application

Request for Scholarship

*All information is kept confidential and will only be seen by the Pastoral Staff

Counselor Name: _____

Place Receiving Counseling: _____

Participant #1: _____
(Print Name)

Participant #2: _____
(Print Name)

Briefly describe any extenuating circumstances (excessive debt, student status, etc.)

Why do you believe that now is a good time to pursue professional counseling?

What are your hopes and goals for your time in professional counseling?

How much are you able to pay per sessions? \$ _____

I am a member/attender of NCCC I attend _____ church I do not attend church

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

Participant #1: _____ _____ _____
(Print Name) (Signature) (Date)

Participant #2: _____ _____ _____
(Print Name) (Signature) (Date)

Email Address: _____ Preferred Phone #: _____

Office Use Only

Your counseling rate will be \$ _____ per 50 minute session representing a scholarship of _____ Effective _____ Valid for _____ Sessions

We do not have scholarship funding for you at this time. If your financial circumstances change you may reapply.

Approved By: _____ _____
(Signature) (Date)