

Deeper Waters Scholarship Questionnaire

We want you to understand that counseling costs money, and to take that cost seriously. It is important that you place a high value on the healing and help that you need! Our policy is to require all clients to make a “reasonable sacrifice” for counseling services, based on one’s current life situation. As you fill out this form, please consider: what in your budget are you willing to sacrifice to make this work? If you demonstrate that you have made a reasonable sacrifice to get help, we will gladly seek to use the money that *others* have sacrificed to make up for what you cannot pay.

FINANCIAL CATEGORIES	AVERAGE MONTHLY AMOUNT
1. Income (a copy of your most recent W-2(s) will be required)	\$ _____
2. Giving	\$ _____
3. Saving	\$ _____
4. Housing	\$ _____
5. Food (<i>groceries, restaurants, etc.</i>)	\$ _____
6. Clothing	\$ _____
7. Transportation (<i>car payment, gasoline, etc.</i>)	\$ _____
8. Medical (<i>health insurance, prescriptions, etc.</i>)	\$ _____
9. Children (<i>tuition, school/extra-curricular activities, etc.</i>)	\$ _____
10. Debt (<i>credit cards, loan payments, etc.</i>)	\$ _____
11. Insurance and taxes	\$ _____
12. Recreation	\$ _____
13. Gifts	\$ _____
14. Other personal and business expenses	\$ _____
Total Monthly Spending (<i>add lines 2 through 14</i>)	\$ _____ \$ (_____)
Total Net Cash Available <i>(subtract Total Monthly Spending from Income)</i>	\$ _____

1. Why do you think you should qualify for a need-based reduction of your counseling fees?
Please include: If you do not have a paying job, why not? If you do have a job, why is it insufficient to cover counseling cost?
2. *If you are financially dependent:* Have you asked your parent(s) or guardian(s) for assistance in paying for counseling? Why or why not? If so, what response did you receive?
3. I had a formal conversation to ask the following people for help in paying for counseling:
4. My church will make provisions to help cover the cost of counseling: yes (amt. \$ _____/session) no

5. I have examined my health insurance policy and/or spoken with a representative from my health insurance provider. My coverage will:
 - pay _____% of the counseling fee.
 - pay no portion of the counseling fee
6. I sacrificed the following items in my spending to show that I value my healing:
7. I believe a fee of _____\$ per weekly session would constitute a “reasonable sacrifice” for me.

I understand that I am responsible for the balance of the account not covered by insurance or scholarship and that a payment plan will be established for payment of the outstanding balance.

Name (*please print*)

Phone

Signature

Date