



KING'S CHAPEL

Scholarship Application

Jane Forrestal, MAC

KWR, Inc.

King's Chapel Church is pleased and honored to be able to provide scholarships for clients of our partnership counselors. This scholarship application will be reviewed by the officers at King's Chapel Presbyterian Church. Scholarships will be given according to need, available counseling hours, available scholarship funds, and the recommendation of the counselor. While this application is being reviewed all counseling sessions will be billed to the client in accordance with the counselor's policies and rates.

Name: _____

Date: _____

Email: _____

Phone: _____

(This will be used for communication in regards to scholarship award decisions)

Monthly Income		Monthly Expenses	
Wages & Tips (yourself):	\$	Housing and Utilities:	\$
Wages & Tips (spouse):	\$	Transportation Costs:	\$
Child Support:	\$	Health Care/Child Care:	\$
Alimony:	\$	Groceries:	\$
Help from others:	\$	Tuition:	\$
Other Income:	\$	Debt/Loan Payments:	\$
		Going out to eat:	\$
		Other (please list):	\$
Total Monthly Income:	\$	Total Monthly Expenses:	\$

Please let us know of any other extenuating circumstances that you would like us to take into consideration:

I understand that I am responsible for all counseling fees.

I agree to the policies of the KCP Scholarship Application.

I pledge that I have answered these questions honestly to the best of my knowledge.

Signed: _____

Date: _____

Office Use Only: Counselor's recommendation: _____

Officers decision: _____