



14401 Old Cutler Road, Palmetto Bay, Florida 33158, 786.573.7010, www.WellspringMiami.org

## Wellspring Counseling Scholarship Fund Application

Wellspring Counseling is committed to trying to make counseling available to as many people as possible from all socio-economic backgrounds. Because of this commitment, Wellspring has developed a scholarship fund that helps clients who could not otherwise afford treatment. Wellspring encourages clients to contribute financially to their own well-being and to look at their personal finances and values regarding spending money and the value of mental/spiritual help. In addition, clients are encouraged to first seek outside support for their counseling services from their families and home churches prior to requesting financial assistance from Wellspring.

Because scholarship funds are limited, certain qualifications must be met. In order to provide you with financial aid for counseling we will need to evaluate the following information from you. Please answer the questions listed below and return this form to your therapist or the Wellspring Office Manager. Following a review by the Wellspring Scholarship Committee, your therapist will let you know if funds are available to assist you in paying your counseling fees.

**Financially Responsible Person:** \_\_\_\_\_

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

Client Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

May we send mail here? Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ May we leave a message here? Yes \_\_\_ No \_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ May we leave a message here? Yes \_\_\_ No \_\_\_

Work Phone: (\_\_\_\_\_) \_\_\_\_\_ May we leave a message here? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_ May we notify you via email? Yes \_\_\_ No \_\_\_

**Note: All information provided with this application to Wellspring Counseling is strictly confidential and will be returned to you or shredded at your request. To protect your privacy, please do not fax this document.**

### Wellspring Counseling information (if known):

Therapist's Name: \_\_\_\_\_

First Session Date (approximate): \_\_\_\_\_

How often are sessions scheduled? (approximately): \_\_\_\_\_

How much do you think you can afford for each session of counseling? \$ \_\_\_\_\_

Estimated number of sessions needed: \_\_\_\_\_

**Additional Potential Financial Resources:**

*For your convenience, a financial assistance request letter is attached to this application.*

I have asked for financial assistance from my family. Yes\_\_\_\_\_ No\_\_\_\_\_

I have asked for financial assistance from my home church. Yes\_\_\_\_\_ No\_\_\_\_\_

Assistance Received: Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please attach the Request for Financial Assistance Letter to this application.

**Personal Financial Information:**

Briefly describe your financial hardship and need for a scholarship assistance:

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

Are you? Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Widowed \_\_\_\_\_ Number of children in your care: \_\_\_\_\_

Net Monthly Income: \$\_\_\_\_\_ (include all resources)

Savings/Checking: \$\_\_\_\_\_ Investments: \$\_\_\_\_\_

Total Monthly Expenses: \$\_\_\_\_\_

*To aid in determining this amount a worksheet is attached for your convenience and personal use.*

TOTAL MONTHLY INCOME \$\_\_\_\_\_

MINUS

TOTAL MONTHLY EXPENSES \$\_\_\_\_\_

FINAL BALANCE (surplus or deficit) \$\_\_\_\_\_

Please attach the following:

- a copy of your latest – IRS 1040 form
- a copy of your current payroll stub
- a copy of any regular income payments (unemployment benefits, disability benefits, investment payments, etc.)

I understand that by signing this application, I testify that I have disclosed the information truthfully and to the best of my ability.

Signed \_\_\_\_\_ Date: \_\_\_\_\_



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## Request for Financial Assistance for Counseling Services

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

Dear \_\_\_\_\_ (Pastor / Family Member / Supporter),

I have begun therapy at Wellspring Counseling, Inc. The counseling fees are more than I can afford at the present time. Wellspring has encouraged me to ask my church, family and supportive communities to join me in my efforts for emotional wellness.

I am asking if you would support me for my therapy. The standard fee for counseling at Wellspring is \$110 per session. Wellspring has agreed to reduce my fee to \$\_\_\_\_\_ per session. I am able to pay \$\_\_\_\_\_ for each session, and, at this time, expect to have \_\_\_\_\_ # of sessions.

Would you consider a supplement of \$\_\_\_\_\_ for each session for a total of \$\_\_\_\_\_? If so, please complete the information below and return this form to me to bring to Wellspring. I am committing to attending these counseling sessions and working hard on my therapy

\_\_\_\_\_  
(Signature of Client)

\_\_\_\_\_  
(Print Name of Client)



Name of Supporter \_\_\_\_\_ Relationship \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Preferred payment method:

I/we prefer to pay Wellspring Counseling \$\_\_\_\_\_ per session, prior to each appointment.

Client will collect and deliver the check at the time of each appointment

I/we will pay for the session using PayPal on the Wellspring website.

I/we prefer to pay Wellspring Counseling \$\_\_\_\_\_ total for all of the sessions requested.

Client will collect and deliver the check at the time of each appointment

I/we will pay for the session using PayPal on the Wellspring website.

I/we prefer to provide support directly to the client, allowing the client to pay Wellspring the full scholarship rate at the time of each appointment.

I/we will commit to sending a check to Wellspring following the completion of the sessions.

Please send a receipt for services rendered upon completion using the following method:

Address listed above

Client delivered hard copy

Email listed above

\_\_\_\_\_  
(Signature of Supporter)

\_\_\_\_\_  
(Date)