



4950 S. Apopka-Vineland Road
Orlando, Florida 32819
www.livingwatercounseling.com



SCHOLARSHIP APPLICATION

In order to provide you with financial aid for Christian counseling, we will need to evaluate the following information from you. Please fill out the form and deliver it to the Healing Ministry Scholarship Committee, c/o Living Water Christian Counseling at the address shown above. To protect your privacy, please do not fax this document to the general fax number for Church of the Ascension.

Name: _____ Date: _____

Address: _____ Ste/Apt _____

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

Please indicate how distressing the problems that you are seeking counseling for are to you at this time by placing an "X" on the scale below. (1 = Little Distress; 10 = Extreme Distress)

1 2 3 4 5 6 7 8 9 10

Are you? Single Married Separated Divorced Widowed Number of children in your care: _____

Please indicate your net salary and other forms of income:

Monthly Income: \$ _____ Savings/Checking: \$ _____ \$ Investments: \$ _____

Please indicate your monthly expenses in the categories below:

Rent/Mortgage	\$ _____	Car Payments	\$ _____
Insurance	\$ _____	Car Insurance	\$ _____
Taxes	\$ _____	Car Repairs	\$ _____
Utilities	\$ _____	Gas	\$ _____
Cable TV	\$ _____	Tolls, etc.	\$ _____
Telephone	\$ _____	Entertainment	\$ _____
Cell phone	\$ _____	Eating Out	\$ _____
Repairs/Maint.	\$ _____	Babysitting	\$ _____
Clothing	\$ _____	Gym/club	\$ _____
Groceries	\$ _____	Childcare	\$ _____
Credit Cards	\$ _____	Eldercare	\$ _____
Health Insurance	\$ _____	Tuition/Books	\$ _____
Medical bills	\$ _____	School Loans	\$ _____
Medications	\$ _____	Counseling	\$ _____
Other (describe)	\$ _____	Other (describe)	\$ _____

FOR OFFICE USE ONLY

Approved: ____/____/____

Denied: ____/____/____

Reason for Denial: _____

Number Approved: _____

Scholarship Amt: _____

Authorized by: _____

Notified by: _____

Date Notified: ____/____/____

A: Net Monthly Income: \$ _____
B: Total Living Expenses: \$ _____ (total of all items listed above)
C: Surplus or Deficit: \$ _____ (Line A minus Line B)

By signing below, I acknowledge that the information provided is accurate and complete.

Signed: _____ Date: _____