

Listen to Kids

COUNSELING SCHOLARSHIP APPLICATION

Name of Scholarship Applicant _____ Date _____

Referred by: _____ Referral contact information _____

Caregiver/Parent's Name _____

Caregiver/Parent's Number (if applicable) _____

Applicant's Phone Number (Required) _____ Applicant's Email Address _____

Have you experienced abuse, neglect, or trafficking? (Required) Yes No

Which kind of therapy are you requesting? (Required) Individual Couples

Do you have insurance that could help pay for counseling? (Required) Yes No

Do you want to pay for part of you counseling? (Fees range from \$45 to \$135 per counselors certification.) Yes No

**Please mark to request a certain kind of counselor or counselor by name.

Female A specific counselor by name Other Request
 Male BIPOC (Black, Indigenous, & People of Color)

Please note that we might not be able to secure a specific counselor.

If you checked "specific counselor by name," please provide their name here. _____

If your preference isn't available, are you open with working with another counselor? Yes No

If you checked "no," please explain here: _____

What days and times are you available for counseling? (Required) _____

If you have any additional questions, please note them here. _____

Would you like to be placed on a waiting list if funding or counselors are not available right now? (Required) Yes No

I understand that, if approved, funding is granted exactly ten (10) sessions at a time. The need and funding for additional sessions will be evaluated starting seven (7) weeks after treatment begins. (Required) Yes No