FTGF Scholarship Application

This form is to apply to receive a subsidy for professional counseling. We do not require any other form for documentation but do require that this application is filled out in entirety and will be re-evaluated on a term basis.

Clients please fill out the information below:

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| --- | --- |
| **Name:** |  |
| **Employment Status:** |  Yes/ No. Occupation. Place of work. |
| **Income:** | Under $10,000 $10,000-20,000 $20,000-30,000 $30,000-40,000$40,000-$50,000 |
| **How do you feel you will benefit from counseling (Please be detailed):** |  |
| **Please explain your current financial hardship(Please be detailed):** |  |
| **What is your ability to pay per session?** |  $20 - $25 - $30 -$35 - $40 - $50 - $ Other |
| **Location** | City, State, Zip |
| **Cell Phone/ Email** |  Ok to contact? |
|  |  |
| **How did you hear about FTGF?** |  |
| **Have you received counseling before?** |  Yes or No |
| **Would you be seeking affordable therapy or do you already have a private therapist? If private, please provide contact information.** |  |