

MIMOSA CHRISTIAN COUNSELING FUND SCHOLARSHIP APPLICATION

Client Name: _____ Record # _____

Date of Birth: _____ Medicaid # if applicable: _____

The Mimosa Christian Counseling Fund is a scholarship fund that helps clients who could not otherwise afford treatment. Because scholarship funds are limited, certain qualifications must be met. Please answer the questions listed below. Please list all sources of **monthly income** for yourself and also for your spouse, any dependent children who live with you, your roommate(s), and any others living in the home.

	Yourself	Others in your household
Income from work	\$ _____	\$ _____
Retirement/Pension	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
SSD (disability)	\$ _____	\$ _____
Veteran's Benefits	\$ _____	\$ _____
Work First/VR	\$ _____	\$ _____
Child Support and Alimony	\$ _____	\$ _____
WIC/Food Stamps	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	

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Please list your monthly expenses below:

Rent/Mortgage and Property tax: \$ _____ Credit Cards: \$ _____

Homeowner's Insurance: \$ _____ Loans/Debts: \$ _____

Furniture/Appliances: \$ _____ Car Payments \$ _____

Gas/oil/wood/kerosene: \$ _____ Car Insurance: \$ _____

Electric: \$ _____ Transportation: \$ _____

Telephone: \$ _____ Life Insurance: \$ _____

Water/Sewer: \$ _____ Other Insurance: \$ _____

Food: \$ _____ Medication: \$ _____

Child Care: \$ _____ Medical Expense: \$ _____

Child Support Payments: \$ _____ Dental Expense: \$ _____

Alimony Payments: \$ _____ Other Expense: \$ _____

Legal Fees: \$ _____ Other Expense: \$ _____

TOTAL MONTHLY EXPENSES: _____

TOTAL MONTHLY INCOME \$ _____

MINUS

TOTAL MONTHLY EXPENSES \$ _____

FINAL BALANCE \$ _____

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

I agree to pay \$ _____ per session.

Signed _____ Date _____