



7890 St. Andrews Cir
Orlando, FL 32835
(407) 342-3559
debbie@
daringsoulcare.com

awake
●
brave
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SCHOLARSHIP POLICY & APPLICATION

Professional mental health counseling is a valuable service offered by individuals who have:

- Completed rigorous training;
- Complied with State requirements for extensive clinical supervision;
- Passed national licensure exams; and
- Commit to Continuing Education in clinical, ethical, and professional topics.

The therapists at Daring Soul Care also invest in their personal health and professional competency by seeking ongoing spiritual and emotional care and continuing education that exceeds State-mandated minimums. Like other professional services offered by licensed providers (e.g., medical, legal, and financial services), the fees for services for mental health counseling reflect these high standards.

We recognize that clients may sometimes need assistance to make professional counseling viable. For those circumstances, Daring Soul Care has developed a limited partial scholarship program. Upon completing a scholarship application, clients with demonstrated financial need may qualify for a fee reduction of up to \$25/session. Scholarships are awarded for up to a six-month period and a client's eligibility must be re-evaluated at that time.

It is possible to find other avenues to help assist with the financial responsibility of counseling, such as partnering with organizations, churches or individuals you may be connected with. If we can help you describe the benefits of professional counseling to potential sponsors, we will be happy to do so after you have completed an authorization form.

By accepting a Daring Soul Care scholarship, you commit to:

- Promptly notify your therapist if your financial situation improves;
- Complete all homework assigned between sessions;
- Be timely and consistent with your counseling appointments; and
- Show up for counseling ready to engage in the therapeutic process.

Please complete and return the application on the following page to your Daring Soul Care therapist. Please note that Intake Sessions are not eligible for scholarship rates.



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In order to provide you with financial aid for counseling, we will need to evaluate the following information from you.

Name: _____ Date: _____

Address: _____ Ste/Apt _____

City: _____ State: _____ Zip Code: _____

Preferred Phone: _____

Secondary Phone: _____

Are you? Single Married Separated Divorced Widowed

Number of children in your care: _____

Gross annual income (all income sources): \$ _____

Net Monthly Income (all income sources): \$ _____

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/Maintenance.	\$ _____	Babysitting	\$ _____
Clothing	\$ _____	Gym/club	\$ _____
Groceries	\$ _____	Childcare	\$ _____
Credit Cards	\$ _____	Eldercare	\$ _____
Health Insurance	\$ _____	Tuition/Books	\$ _____
Medical bills	\$ _____	School Loans	\$ _____
Medications	\$ _____	Counseling	\$ _____
Other (describe)	\$ _____	Other (describe)	\$ _____

A: Net Monthly Income: \$ _____ (all income sources)

B: Total Living Expenses: \$ _____ (total of all items above)

C: Surplus or Deficit: \$ _____ (Line A minus Line B)

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

I agree to notify my therapist as soon as possible of improvements in my financial circumstances.

Acceptance of a scholarship indicates my agreement with Daring Soul Care's Scholarship Policy.

Signed: _____ Date: _____