



### **Stewardship Program Application**

At Cornerstone Counseling Ministries, our hope is to provide Christian counseling to all those in need. Our Stewardship Program was established to grant financial assistance to individuals, couples or families for the purpose of counseling services. **In order to be considered for this program, please attach a copy of a paycheck stub or your Adjusted Gross Income from your most recent tax return. If you have Schedule C income, we may require further information.** For those who qualify, an adjusted rate and number of sessions will be provided for counseling services.

\_\_\_\_ First Time Authorization

\_\_\_\_ Continuing Authorization (added to previous- this form supersedes all previous instructions)

#### **CLIENT INFORMATION:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Church: \_\_\_\_\_

Email: \_\_\_\_\_

Church Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Full time \_\_\_\_ Part-time \_\_\_\_

Number of hours/week: \_\_\_\_\_

#### **INCOME:**

Did you file a tax return for the most recent year? Yes \_\_\_\_ No \_\_\_\_ If no, explain: \_\_\_\_\_

Please enter **Adjusted Gross income** of most recent tax return: \$ \_\_\_\_\_ Year \_\_\_\_\_

Single return \_\_\_\_ Joint \_\_\_\_

Has your employment changed since your last tax return? If yes, explain \_\_\_\_\_

Has your income changed since your last tax return? If yes, explain \_\_\_\_\_

Is your income from sources other than or in addition to wages or salaries? Yes \_\_\_\_ No \_\_\_\_

Gross monthly wages or salaries \$ \_\_\_\_\_ Other (please itemize on back sheet) \$ \_\_\_\_\_

**MONTHLY Total** \$ \_\_\_\_\_

Please briefly state why you are requesting financial assistance: \_\_\_\_\_



**List any additional monthly expenses:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**List name and age of dependents:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Acknowledgements**

I certify that all the information provided on this application is true and correct to the best of my knowledge. I understand that any information that is proven as incorrect may disqualify me from receiving any funding in the present and future. I understand that if I am eligible for the amount of the scholarship I receive is based on the availability of funds. I have read these terms and agree to them.

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if client is under 18 years of age): \_\_\_\_\_

**For Office Use Only:**

Client Eligibility:      Yes                      No

Type of Counseling:    Individual      Couple              Family              Group

Session Rate: \_\_\_\_\_ Intake      \_\_\_\_\_ Regular

Client will provide a co-pay amount of: \$\_\_\_\_\_ at the beginning of each session.

Client has been approved for \_\_\_\_\_ counseling sessions.

Executive Director's Signature: \_\_\_\_\_

Date of Approval: \_\_\_\_\_