



Church Sponsored Scholarship Request Form

Refuge Counseling Center partners with local churches that wish to contribute toward counseling fees for their staff, parishioners, or members of the local community. This form enables Refuge Counseling Center to bill the partnering church directly for services. Please complete and sign the form and have the client give it to their preferred therapist at the first session.

Client Information

Date of request _____ Client(s) name _____

Type of Therapy Requested: (i.e., couples, individual, children, teens, or family therapy)

Scholarship Breakdown (dollar amount or percentage):

Client responsibility _____ Church responsibility _____

Number of sessions authorized at this rate _____

Third-Party Payment Information

Church name _____

Address _____

Send bill (monthly, weekly, other) _____

Pastor's or authorized staff member's name (please print)

_____ Title _____

Signature _____ Cell _____

FOR REFUGE COUNSELING USE ONLY

Counselor's signature: _____ Date _____

*Please have your client fill out the Authorization For Use and Disclosure of Protected Health Information and upload to SP.