



Church Scholarship Request Form

Refuge Counseling Center partners with contracted churches to cover all or a portion of the fees for counseling services for their staff and parishioners. This form will need to be completed and signed by the partnering church's pastor and given to the counselor at the first counseling session.

Client and Scholarship Information

- Date of request _____ Client name _____
- Reason for referral _____

- Scholarship breakdown (dollar amount or percentage): Client _____ Church _____
- Number of sessions authorized: _____

Third-Party Payment Information

- Name _____
- Address _____
- Send bill (monthly, weekly, other) _____
- Pastor's name _____
- Pastor's signature _____ Date _____

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