

Strong Families Scholarship Application

Client Name _____ **D.O.B.** _____

At Tri-Lakes Relational Center (TRC) we want to make sure people who want help can get help regardless of their financial circumstances. That's why we have formed a strategic relationship with [Partners For Strong Families](#) to provide need-based sliding scale scholarships to individuals, couples, and families. If your financial circumstances prevent you from being able to pay fully for your counseling services we invite you to apply for a **Strong Families Scholarship**.

If you are ineligible for a scholarship or you feel your award amount still does not enable you to receive services you may discuss with your financial coach or counselor interest-free reduced payment options.

Household Information

# of Adults in Household	# of Dependents Children
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Household Income Information

Income #1

Name & Relation		Education Level
Employer	Work Phone #	
Address		
Length of Employment	Annual Income	

Income #2

Name & Relation		Education Level
Employer	Work Phone #	
Address		
Length of Employment	Annual Income	

Total Annual Household Income \$

Please indicate how much you believe you are able to contribute towards your counseling weekly.



\$

- Copies of your previous year **tax return and current pay stubs are required**; these will become part of the client file. For your convenience TRC can make copies of originals for you.

By signing below I testify that all the above information is correct, I hereby give permission to Tri-Lakes Relational Center to verify the accuracy of the information.

Client Printed Name

Signature of Client

Date

Partners For Strong Families Use Only

Review Date	
Reviewer	

Min. Per Sess. Client Contr.	\$
Max. Per Sess. Award	\$
Init. Auth. Sessions:	#
Total Init. Auth. Award	\$