

The Karen Hoffner Memorial Fund* – Application

The *Karen Hoffner Memorial Fund* (KHMF) is a scholarship given to individuals, couples, or families in need of financial assistance for the purposes of counseling at Foundations Christian Counseling Services. The Fund was established so that Christian counseling services can be provided to all those in need. The discounted amount available to a family will depend upon 1) the availability of funds; 2) the amount of family income; & 3) number of family members. The KHMF is funded by the community and for the community. For those who qualify, the minimum cost for counseling will be \$20 per session and the maximum will be \$60 per session (or \$50/session for SWB area). The scholarship will be effective up to a maximum of ten sessions. After ten sessions, the applicant must re-apply. If you have a tax return from the previous year, please attach to this form. A *confidential "Thank you" letter may be requested by Foundations to encourage the community to "fund the fund" in order to help more families in need of counseling.*

Name _____ Date _____
Street Address _____ D.O.B. _____
City/state/zip _____ Tel. # _____
Mailing Address _____ E-Mail _____
(if different) _____ Church: _____

Family Information

Please list the names and ages of *all* individuals (*include self*) living in the household (include names of children not living with you but for whom you pay alimony – place an asterisk next to these children's names). Please circle name of person(s) who will be receiving services.

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income

To be eligible for *The Karen Hoffner Memorial Fund Scholarship*, you must meet certain financial eligibility requirements. Our financial eligibility requirements have been adopted by the Pennsylvania WIC program.

Annual Household Income: _____ (Do not include spouse if you are separated)
Income from Alimony: _____ (include income from any informal arrangements if separated)
Other Income: _____ (other support, jobs, etc.)
<u>Total Annual Income:</u> _____

OR

Monthly Household Income: _____ (Do not include spouse if you are separated)
Income from Alimony: _____ (include income from any informal arrangements if separated)
Other Income: _____ (other support, jobs, etc.)
<u>Total Monthly Income:</u> _____

OR

Weekly Household Income: _____ (Do not include spouse if you are separated)
Income from Alimony: _____ (include income from any informal arrangements if separated)
Other Income: _____ (other support, jobs, etc.)
<u>Total Weekly Income:</u> _____

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 scholarship in the present and future. I understand that if I am eligible for the *Karen Hoffner Memorial Fund Scholarship*, the amount of the scholarship I receive is based on the availability of funds. The scholarship received will be received as discounted counseling services from the counseling staff of Foundations Christian Counseling Services, and not monetarily. I have read these terms and agree to them.

Signature Date

Printed Name

Please mail completed application with necessary forms to: **Foundations Christian Counseling Services**
Attn: Director
1546 Rte 209, Suite 106
Brodheads ville, PA 18322

** The Karen Hoffner Memorial Fund, previously known as the Foundations Fund, has been named such to honor the memory of Karen Hoffner, MA. Karen served with Foundations as a Board Member for 6 years and Director of Clinical Services for 2 years. Karen was a regular financial contributor to Foundations and had a passion for people to receive Biblical counseling. Karen went to be with the Lord on March 2, 2011.*

<u>FOR OFFICIAL USE ONLY</u>													
FAMILY ELIGIBILITY: YES NO	<table style="width: 100%;"><tr><td>Counseling Rate</td><td>=</td><td>\$75 or \$60</td></tr><tr><td>Less Church Partner Rate</td><td>=</td><td>- _____</td></tr><tr><td>Less KHMF Rcvd</td><td>=</td><td>- _____</td></tr><tr><td>Total Fees for Services</td><td>=</td><td>_____</td></tr></table>	Counseling Rate	=	\$75 or \$60	Less Church Partner Rate	=	- _____	Less KHMF Rcvd	=	- _____	Total Fees for Services	=	_____
Counseling Rate	=	\$75 or \$60											
Less Church Partner Rate	=	- _____											
Less KHMF Rcvd	=	- _____											
Total Fees for Services	=	_____											
COUNSELING FEES (CIRCLE ONE):													
\$20 \$25 \$30 \$35 \$40 \$45 \$50 \$55 \$60													
DATE APPROVED: _____	AUTHORIZED SIGNATURE: _____												