



Scholarship Authorization

PERMISSION TO RECEIVE FINANCIAL AID

In accord with my legal right to confidentiality and privileged communication relevant to the services that I am receiving at Restoration Counseling Services, I authorize and give permission for my therapist to request financial assistance through _____ on my behalf.

I understand that my therapist will be discussing this financial need with an appropriate person(s) _____

_____ from the above named church and give permission for that request to be made on my behalf.

Date: _____

Number of Sessions: _____ Scholarship Amount Per Session: _____

Client Name(s): _____

Therapist Name: _____

Payment per Session by Client (fee): _____

Payment per Session by Church (Scholarship): _____

Client Signature(s): _____

Therapist Signature: _____

Church Signature: _____