



Christian Counseling Services Financial Aid Application

All counseling clients applying for a reduced fee must report their income on the form with supporting documentation and an explanation. Please complete the form, scan or print, complete and submit to info@champion.org for Board determination. You will receive an email response determining your next session fee.

Client Name: _____
First Name Middle Initial Last Name

Number of people in household: _____

INCOME SOURCE	Client (if client is a minor enter parent income)	Spouse	Other
1. Adjusted Gross Income reported on current 1040***			
2. AFDC or ADC			
3. Other Public Assistance			
4. Any Other Additional Income			
5. Total Individual Income (sum of each column)			

Total Household Income (Sum of Row 5: \$ _____)

Please explain in a few sentences your special circumstances that would indicate you need a reduced fee for counseling. Please suggest the hourly rate that you feel you can pay:

***To verify income please attach to this application copies of your current year Form 1040 tax return and other supporting proof of income. Married couples filing separately must attach both forms. If you would like a free copy of your 1040, please call the Internal Revenue Service at 1-800-829-1040.

I certify that all the information provided on this application is true and complete to the best of my knowledge. I agree to provide proof that the statements made in this application are true and I acknowledge that failure to do so will invalidate the Tuition Grant Program.

Print Name of Applicant

Signature of Applicant

Date

Office use only: