**Therapy Scholarship Programs at Place of Peace**

We have two programs available through Place of Peace to help uninsured and underinsured clients to be able to receive therapy at little or no cost:

1. Free mental health services – funds are provided by Ashley Ford and the Full Moon Healing Studio, where donations are collected toward this scholarship.
2. Reduced fee mental health services – sessions are provided on a sliding scale between $45 and $60 by our intern, who is currently in training with a master’s program in mental health counseling.

To qualify for one of the scholarships, you must meet at least 2 of the following criteria:

1. Have no insurance or have an insurance plan that is not accepted by your preferred provider, or have a high deductible that you are unable to meet.
2. Earn a yearly income of $25,000 or less.
3. Be unable to work due to disability.
4. Be part of a single-earner home with dependents (e.g., children, family member with disabilities).

Rules of using the scholarship are:

1. Initial qualification for the scholarship provides 6 sessions of counseling. After 6 sessions, the application must be re-submitted to ensure the applicant still meets criteria and also to decide how many further sessions can be covered.
2. You cannot have more than one late cancellation/no show per 6 session package.
3. You must find a way to “pass it on” by doing a good deed for another community member that you do know. (It does not have to be a big deed nor does it have to be documented – just from the heart and full of kindness :)

**To apply for the scholarship, please complete the following information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_

Gender identification / preferred pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Monthly/Yearly income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Disability status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you have children? \_\_\_\_\_\_\_\_\_\_ If so, how many? \_\_\_\_\_\_\_\_\_\_ # Earners? \_\_\_\_\_\_\_\_\_\_\_\_

Please describe in what ways you qualify for this scholarship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please describe your reason for needing counseling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I certify that the information provided above is true and accurate. I understand that despite my ability to qualify for this scholarship, it may not be awarded to me due to supply and demand factors that are out of anyone’s control. If my situation changes during the course of my therapy experience in a way that would mean I no longer meet scholarship criteria, I will inform my therapist immediately so that the funds can be used for another person in need.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*PLEASE PROVIDE COPIES OF INSURANCE PLAN, RECENT PAYSTUBS OR TAX RETURNS, DISABILITY DETERMINATION LETTER (IF APPLICABLE) OR ANY OTHER INFORMATION THAT WOULD HELP US TO EVALUATE YOUR ABILITY TO QUALIFY FOR THIS SCHOLARSHIP.