

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 Christ-Centered 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 household members. The KHMF is funded by the community and for the community. For those who qualify, the minimum cost for counseling will be \$30 per session and the maximum will be \$80 per session.

The scholarship will be effective up to a maximum of 10 sessions or 6 months from the date of approval, whichever comes first. After ten sessions OR 6 months the applicant must re-apply. ***We also ask that any change to your financial or household status be reported to the program director immediately.*** Additionally, please submit a copy of your most recent pay stub or unemployment check. You may be contacted by the Program Director after receipt of your application if clarification is needed on anything from your application. 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.

Basic Information

Name _____ Date _____

Street Address _____ D.O.B. _____

City/state/zip _____ Tel.# _____

Mailing Address _____ E-Mail _____

(if different) _____ Church: _____

Primary Payor of Counseling services: _____ Relationship to the client: _____

Counselor: _____

Have you already asked your church to subsidize your counseling? Y or N? If yes, what was the outcome?

Definition of Terms

Household- ALL members living in the same house and financially dependent on each other in some way.

Financially Independent- Responsible for ALL household expenses including rent/mortgage payments, food, bills

Financially Dependent- Other members of the household pay or share the rent/mortgage, food, bills of any kind.

Family Information

Please list the names and ages of *all* individuals (*including self*) living in the household with whom you are financially responsible. (Include names of children not living with you but for whom you pay alimony – place an asterisk next to these children’s names). If you are financially independent, you only need to list yourself and your dependents. However, if you are financially dependent, please list ***all*** the members in your household. For example, if you live with your parents or paramour and they pay all or some of your expenses including room and board you are financially dependent. Please list your parents’ names and include their income below. However, if you are living at your parents’ home and are completely financially independent from them you only need to list yourself, your personal dependents, and your personal household income in the household income below. If you have a parent living with you who is financially dependent on you, please list them and any income or financial contributions they make towards the household

Please circle the name of the person(s) who will be receiving services.

| Name | Age | Name | Age |
|------|-----|------|-----|
|------|-----|------|-----|

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Household Income

List the **TOTAL HOUSEHOLD** income for all of the family members listed above. Please complete the information below and add together in the “Total” column. Put a N/A if column is not applicable. You can complete income information in Weekly OR Monthly OR Annually

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

| Income | Weekly | Monthly | Annually |
|-------------------------------------|---------------|----------------|-----------------|
| All Income Reported on W2 | | | |
| Unspecified Income; ex: tips | | | |
| Unemployment | | | |
| Disability | | | |
| Social Security | | | |
| Alimony | | | |
| Child Support | | | |
| Total | | | |

PREVIOUS APPROVALS

Have you received the Karen Hoffner Memorial Fund Scholarship previously (circle one)? **No** **Yes** If “Yes”, what was the previous scholarship amount? _____

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 will be received as subsidized counseling services from the counseling staff of Foundations Christian Counseling Services and are not monetary. I also give permission for Foundations Christian Counseling Services to contact me if they have any questions concerning the information in this document. I have read these terms and agree to them.

Signature Date

Printed Name

You can submit your application the following ways (Please allow 7-10 days for processing)

| | | |
|--|---|--------------------------|
| Mail to: Foundations Christian Counseling Services Attn: Program Director 1546 RT 209, Suite 106 Brodheadsville, PA 18322 | Email: rscharff@foundchristcounsel.org | Fax: 570-992-1040 |
|--|---|--------------------------|

Questions and concerns may be directed to (877-414-4673) or e-mail: rscharff@foundchristcounsel.org
 Additional comments or information that you wish to share with Foundations Christian Counseling Services as they consider your application.

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|--|---|
| Family Eligibility Yes No Counseling Fees Circle One \$30, \$35, \$40, \$45, \$50, \$55, \$60, \$65, \$70, \$75, \$80 Date Approved: _____ Authorized Signature: _____ | <u>Counseling Fees</u> Counseling Rate= \$80, \$85, \$90 Less Church Partnership Rate= _____ Less KHMf Rcd'= _____ Total Fees for Services = _____ |
|--|---|

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.