The Christian Counseling & Training Center

2510 Professional Road, N. Chesterfield, VA 23235 * (804) 358-1343

FINANCIAL ASSISTANCE APPLICATION

The Administrative fee of \$50 should be mailed* to our office along with the CCTC application, fact sheet, and financial assistance application. *Also the fee can be submitted through our website https://www.cctcinc.org/biblical-counseling. For the counseling appointments there is a \$50 suggested donation, if you are having financial difficulty complete and submit the information below. As a non-profit ministry, CCTC strives to keep counseling costs at a minimum.

We ask that you also consider regularly supporting this ministry with your prayers.

"I thank my God every time I remember you. In all my prayers for all of you, I always pray with joy because of your partnership in the gospel ..." Phil. 1:3-5

Address —		
Church	Pastor	Phone
	Income Informati	<u>on</u>
Are you employed?	Salary? \$	per Week? Month? Year? (circle or
Is spouse employed?	Salary? \$	per Week? Month? Year? (circle or
Fill in the amount where applica	able: Receiving food stamps?	Fuel Assistance?
WIC Assistance?	Social Security?	Unemployment?
Child Support? A	Any other Public Assistance? (list)	
	Financial Obligation	<u>ons</u>
Is applicant married?Di	vorced?How many children	n are supported at home?Ages?
Is applicant a student? F	Full or part time?	_
What else should we know about	your financial situation that would he	elp us evaluate your need for counseling assist
	Resources	
What resources from the Financia expense of the counseling?	l Resource Checklist have you consider	dered in order to be able to contribute towards
What amount do you feel tha	t you could contribute weekly fo	or your counseling sessions?
· ·	held in the strictest confidence. ns and the Counseling Coordina	Please return this signed application alor tor will be in contact with you.
Applicant's signature(s)		