



Biblical Counseling & Guidance Scholarship

Name _____

Email _____

Phone _____

Are you a member of Faith Baptist Church? Yes _____ No _____

If "No", are you a member of a local church? Yes _____ No _____

If "Yes", which church? _____

Reason(s) for seeking formal biblical guidance?

Have you received any formal counseling in the past? Yes _____ No _____

If "yes", briefly describe the experience.

Non-members are asked to pay 50% of the \$50 counseling fee per session.

That total is \$25 per session. Please indicate how much of the \$25 per session you need

covered by scholarship? _____