



## REFERRALS

# Application for Financial Assistance with Counseling

North Point Ministries has a commitment to assisting those in need of professional counseling. In order to be considered for financial support, please complete this form and return to our staff.

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

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

Spouse's Name: \_\_\_\_\_

Phone \_\_\_\_\_

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

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

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Children & Ages if applicable: \_\_\_\_\_

\_\_\_\_\_

Which one of our Churches do you attend? \_\_\_\_\_

In what areas are you serving or involved at your North Point Ministries Church?

\_\_\_\_\_

Are you currently in a small group? \_\_\_\_\_

Current Employer: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_



**NORTH POINT  
MINISTRIES**

## Financial Details

Total monthly household income: \_\_\_\_\_

Total monthly household expenses: \_\_\_\_\_

Total monthly household giving: \_\_\_\_\_

Total household savings & investments: \_\_\_\_\_

Financial assistance for counseling is considered for an individual or family experiencing a time of financial need. Please describe below any unusual financial circumstances and/or why the cost of counseling would present a financial hardship for you and your family at this time.

For what reason are you seeking counseling at this time?

