Family Focus Christian Counseling, Inc.
500 Fesler Street, Suite 208 * El Cajon, CA 92020 * (619) 440-4211
Fax (619) 440-4205 * Email: info@familyfocuscounseling.org

Scholarship for Client

It is our desire to keep this record confidential.

Our fees per session are $130

Client Name: _____ **Counselor:**_____
Print Name

If you would like to apply for a possible scholarship from Family Focus Christian Counseling, please apply by writing the reason for this request in your own words:

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Your request will be submitted by your counselor to the Executive Director of Family Focus Christian Counseling for approval.

By signing this form you agree to the terms stated for confidentiality and payment.

_____ _____ _____
Client(s) Signature Date Counselor Signature

Approved? __Yes __ No _____ Adjusted Fee: $_____
Executive Director Signature

FFCC agrees to pay $_____, per session for _____ number of sessions.

Client(s)_____, agree to pay $_____ for those sessions.

Note: *Appointments that are not cancelled 24 hours in advance will be billed to you at the full amount of your portion of the agreed fee. Payments for missed sessions are due at your next session.*