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Scholarship Fund Application

If you or your child needs financial aid to participate in any of our programs, complete this application. Funding is limited and a co-pay is required.

Contact Information: _____

Applicant/Parent Name: _____

Address: _____

Phone: _____

Email Address: _____

Program(s) for which you seek financial aid? (circle or check one or more)

- Individual Therapy
- Family Therapy
- Weekly Child/Adolescent Group
- Weekly Adult Group
- Workshop

Financial Information:

How many people are in your household (total number of children and adults)? *

1 2 3 4 5 6 or more

How many adults are employed in your household? *

0 1 2 3

What's your average annual household income? *

- less than \$50,000
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$135,000
- greater than \$135,000

Please describe your (or your child's) need for financial assistance:

What amount of the program fee could you reasonably afford as a co-pay?

\$ _____

Please describe how you (or your child) would benefit from the program at Higher Ground Healing.

What do you hope to gain through participation? *

Funds are limited and submission of an application does not guarantee a financial aid award. Anyone being awarded financial aid or a scholarship will be asked to pay a nominal co-pay as well as sign a contract committing to regular program attendance and arriving to session on time.

I have read and agree to the above terms & conditions.

Referral Information

How did you hear about our programs & scholarship fund? *

- Friend
- Therapist or counselor
- Internet search
- Facebook or other social media
- Brochure or other written material
- Other