

Scholarship Application Form

This scholarship is designed to assist individuals and families who demonstrate financial need in accessing therapeutic services. Please read through the instructions carefully to ensure that all necessary documentation is provided for your application. The approval process can take up to 5 business days if all necessary paperwork is provided. You will receive an email informing you of your approval rate or denial, or if additional information is needed to process your application.

Please submit the following documentation along with this form.

1. First Two Pages of Last Year's Tax Return
2. Three Recent Pay Stubs
3. Additional Documentation (if applicable). If you receive any financial assistance (e.g., disability benefits, CalFresh, or other assistance programs), please provide documentation supporting your current financial situation.

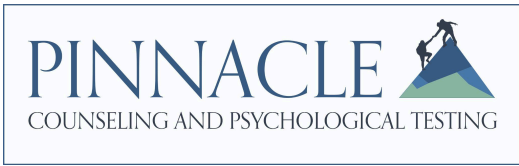
Terms and Conditions:

1. Upon approval, the scholarship is eligible for 90 calendar days.
2. If you wish to continue therapy after the 90 calendar days, a new application must be submitted for consideration.
3. The intake session is not included in the scholarship and must be paid in full.
4. Late cancellations or no-show fees are not included in the scholarship and will result in a \$50 charge.
5. Appointments are scheduled based on clinician availability and the appropriateness of the treatment plan. A maximum of three sessions per week may be scheduled, subject to clinician availability.

Once completed, the application form and the required documents must be emailed to info@pinnaclectc.com or mailed to our office at the following address:

Pinnacle Counseling and Testing Center
Attn: Patient Accounts
41856 Ivy St, Suite 205, Murrieta, CA 92596

Please contact our front office at (951) 396-5701 for any questions.



Section 3			
Family Demographics- please include everyone living in your household			
Responsible Party Marital Status: (circle one) Single Married Partnered Divorced Legally Separated Widowed			
Spouse/Partner Legal Name:			
Is your Spouse/Partner: Employed No Income Receiving Unemployment Receiving Medicare/Medicaid benefits			
Dependents claimed on your Federal tax return and/or others living in your household			
Name:	DOB:	Relationship:	Annual Income:
Name:	DOB:	Relationship:	Annual Income:
Name:	DOB:	Relationship:	Annual Income:
Name:	DOB:	Relationship:	Annual Income:
<p>Please attach copies of the first two (2) pages of the last submitted tax return for each working person listed above. If no tax documents were submitted, provide evidence of disability, such as Social Security Disability or other state determined needs such as CalFresh or MediCal. If there are additional working members of the household, please include their income information on a separate sheet of paper.</p>			
Read and Sign- Responsible Party signature is required for your application to be accepted and processed.			
<p>I understand that I am not guaranteed to receive scholarship or payment plan services on any or all of the amounts owed and that, pending Pinnacle Counseling and Testing Center's review of my eligibility based on household size and income, any outstanding amounts may remain my responsibility for payment. I certify information provided on this application is true and correct to the best of my knowledge and truly represents my current household financial status.</p>			
Signature of Responsible Party:			Date:

Please return completed application to:

Pinnacle Counseling and Testing Center
 Attn: Patient Accounts
 41856 Ivy St, Suite 205, Murrieta, CA 92562
 Phone#: 951-396-5701