



SOAR/ CIT Program Scholarship Application
Application Deadline: Monday, June 3, 2019

West Bergen Mental Healthcare is a private, not for profit organization. The Agency is dependent upon fees which are generated by the cost of services. West Bergen works with individuals who may have financial difficulties. Families who are requesting a reduced fee for the SOAR Experience must fill out the following form and attach all required documentation as outlined below.

Please return all materials to:
ATTN: Richard Miller, LPC
West Bergen Mental Healthcare
1 Cherry Lane
Ramsey, NJ 07446
201-934-1160
Fax: 201-934-0019

PLEASE MAKE SURE THE PACKAGE IS FULLY COMPLETED OR IT WILL BE RETURNED.

Please attach the following documents in support of this request:

- Most recent IRS 1040 statement
- Two most recent pay stubs for each employed member of your household and/or proof of unemployment benefits
- Court documented alimony/child support payments (if applicable)
- Total Household Income \$_____
- Extenuating circumstances that influence family income (e.g. documented out-of-pocket medical or therapy bills, documented care giving expenses)

- SOAR/ CIT participant's Name: _____
- Parent/Guardian's Name: _____
- Family Phone #: _____

• Family Address: _____

▪ Parent/guardian E-mail: (Please print clearly) _____

_____ I agree that I will complete a brief evaluation of the program at the end.

Parent/Guardian Signature: _____

Date: _____

*******For Office Use Only*******

Adjusted Fee: _____

Approval Date: _____

Staff Signature: _____

Updated 2/15/2019