



The Agate Foundation
Application for Scholarship

Instructions and Guidelines

- Client must complete client portion of the application. Client must submit copy of ID (driver's license, photo id, school id, etc)
- Clinician or service provider must complete provider portion of the application. Provider must submit a copy of their license(s) to practice.
- Applications are to be submitted by email, mail, or in person to: info@theagatefoundation.org, PO Box 5605, Emerald Isle, NC 28594, or 8101B Emerald Drive, Suite B, Emerald Isle, NC 28594
- Once both parts of the application are received, our board of directors will review the application.
- Scholarships are limited to mental and behavioral health and/or addiction treatment. Scholarships are not granted for medical procedures.
- Applicants must be a resident of Onslow or Carteret County, NC
- Clients are required to financially contribute to the services for which they are requesting a scholarship. Contributions may be as low as \$1.00.
- Scholarships are only applicable for services rendered from the time of the scholarship application and not for services historically received. Funds are paid to the service provider. Funds will be issued pending receipt of invoice for services rendered and amounts granted are paid only for services rendered as determined by provider's treatment plan.
- Scholarships may be provided for partial amounts requested.



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Date: _____

Client Information

Name: _____
(first) (middle) (last)

Address: _____
(number) (street)

_____ (city) (state) (zip) (county)

Email: _____ Phone: _____

Demographic Information:

Marital status: married life partner single
Military status: active retired not applicable
Level of education (completed): High School Associates Bachelors Masters/Advanced
Other treatments tried, including hospitalizations, etc: _____

Number of Dependents living with you: _____ Dependents not living with you: _____

Gross Income: _____ Are you willing and able to provide a pay stub? _____

Employer(s): _____

Rent/Own home: _____

Do you agree to submit a summary of your progress following your intervention? _____

Request for scholarship:

In the space provided, please describe why you are seeking help from the Agate Foundation, and the basis for your financial need. Include a description of your understanding of the service and how you hope it will help (you may attach an additional sheet of paper, if you wish).
