



**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](mailto: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).

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Practitioner Information

Name: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_  
(Name of Practice or Service)

\_\_\_\_\_  
(number) (street)

\_\_\_\_\_  
(city) (state) (zip) (county)

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

License/Certification: \_\_\_\_\_

State issued: \_\_\_\_\_ Expiration: \_\_\_\_\_

Practitioner's request for scholarship:

Please attach a brief explanation of diagnosis and treatment plan, as discussed with the above client, including description of services to be contracted, anticipated duration of services, overall cost of services, and the amount of client contribution (if any), as discussed with client.

Statement of Commitment to engage services:

We, \_\_\_\_\_ and \_\_\_\_\_,  
(Client name) (Practitioner name)

agree to engage the above described services. We are seeking \_\_\_\_\_  
(amount requested)

from the Agate Foundation to assist in deferring the cost of these services on behalf of the client and to ensure that the practitioner is adequately compensated for services provided. We have discussed expectations and services, and agree to engage these services together.

The total cost for services is \_\_\_\_\_. Client agrees to pay \_\_\_\_\_.

Professional fee reduction provided for client \_\_\_\_\_.

Do you agree to submit a summary of progress following the intervention? \_\_\_\_\_