

# Victory Cross Soul Care Ministries Sponsorship Application

**Instructions:** Please complete this application honestly and thoroughly. All information provided will remain confidential.

## 1. Personal Information

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Email Address:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Marital Status:** ☐ Single ☐ Married ☐ Divorced ☐ Widowed
- **Do you have dependents?** ☐ Yes ☐ No
  - If yes, how many? \_\_\_\_\_

## 2. Financial Information

- **Employment Status:**  
☐ Employed Full-Time ☐ Employed Part-Time ☐ Unemployed ☐ Student ☐ Retired
- **Household Monthly Income:** \$ \_\_\_\_\_
- **Number of People in Household:** \_\_\_\_\_
- **Do you currently have health insurance?** ☐ Yes ☐ No
- **Do you have mental health coverage?** ☐ Yes ☐ No
- **Have you applied for any other financial assistance programs for counseling?** ☐ Yes ☐ No
  - If yes, please explain: \_\_\_\_\_

### 3. Counseling Needs & Commitment

- **Why are you seeking counseling?** (Briefly describe your concerns)

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- **Have you received counseling before?** ☐ Yes ☐ No
  - If yes, where/when? \_\_\_\_\_
- **Are you willing to commit to regular sessions?** ☐ Yes ☐ No
- **What amount, if any, could you contribute toward your counseling sessions?**  
\$\_\_\_\_\_ per session  
(Even small contributions help sustain our program!)

### 4. Special Circumstances (*Check all that apply, if any*)

- ☐ Experiencing financial hardship (job loss, medical bills, etc.)
- ☐ Single parent or caregiver with limited financial support
- ☐ Survivor of domestic violence or trauma
- ☐ Student or young adult with no financial assistance
- ☐ Homeless or at risk of losing housing
- ☐ Other (please explain): \_\_\_\_\_

## 5. Agreement & Signature

I certify that the information provided is true and accurate to the best of my knowledge. I understand that submitting this application does not guarantee sponsorship, and that if approved, I agree to attend sessions as scheduled and abide by program guidelines.

Signature: \_\_\_\_\_

Date: \_\_ / \_\_ / \_\_\_\_

**Submit your completed application along with proof of income and birth certificates for all members of the household, proof of expenses such as utility bills, lease or mortgage receipts to: [info@victorycross.org](mailto:info@victorycross.org) – Subject: Sponsorship Program**

Thank you for applying for Victory Cross Soul Care Ministries' Sponsorship Program. Once we receive all the necessary paperwork for your application, we will review it and get back to you within 7 business days regarding the decision. We will be responding to your application either by phone or email.

God Bless,

Victory Cross Soul Care Ministries Team