



Application for Financial Assistance for Services

Applicant Information

Name:	Date of Birth:
Street Address:	
City, State, Zip:	
Cell Phone:	
Email Address:	
Do you have health insurance? Y / N	Name of Carrier:

Which of the following issues are you experiencing?

Anxiety/Stress
 Depression/Sadness
 Chronic Migraines
 OCD, ADD, ADHD
 Emotional Health
 Digestive Issues
 Divorce/Family Conflict/Relationship Issues
 OTHER: _____

Desired Services: Please circle all services you feel would benefit you:

- | | | |
|---|-----------------------------|--|
| Adult Life Coaching | Nutrition Coaching | Grief and Loss Support |
| Spiritual Coaching | Talk Therapy | OCD, ADD, ADHD Help |
| Biofeedback | Reiki Energy Healing | Stress Management |
| Marriage Counseling | Relationship Help | Family Therapy |
| Massage for Pain & Stress Relief | | EMDR Therapy
Eye Movement Desensitization
& Reprocessing which is for Anxiety,
Excessive Worry, PTSD, ADHD,
Past Trauma, Emotional Abuse, Fears,
Obstacles, Addictions, and more |
| Teen & Young Adult Life Coaching | | |

OTHER: _____

Empowering U Center services range from \$60 to \$125 per hour. Please check off the amount that you are able to pay per session. The more you can co-pay, the more services you may be able to receive.

\$20
 \$40
 \$50
 \$60
 \$ _____

Brief Description of Your Services Request

Please briefly explain your need for personal services and any financial challenges that pertain to your request for discounted services. If you are not certain which service will be best, we will be glad to offer recommendations after reviewing application.

Anticipated Benefits of Services

Briefly explain what you hope to gain from the services:

Agreement and Signature

Pillars of Light and Love is a 501 (c)3 Non-Profit who has dedicated an amount of funds to be used for services at the Empowering U Center in Trappe, PA. Funds are available for those facing financial hardship, as well as those with serious illness or disability, caregivers of those with special needs, disabled veterans, and others, as may be determined by our board of directors. All service providers are certified in their respective field, or approved by us, and are insured, if applicable. We are not a medical establishment, nor do we diagnose or treat diseases. If you have a serious physical or mental condition, you should speak with your physician. You should also consult your physician prior to receiving any of our services. We offer no guarantee that services will be successful.

It is the policy of this organization to provide equal opportunities without regard to Race, Color, Religion, National Origin, Gender, Sexual Preference, Age, or Disability.

By submitting this application, I affirm that the facts set forth above are true and complete. I understand that if I am to be accepted for services, any false statements, omissions, or other misrepresentations made by me on this application may result in service cancellation and repayment in full for services received. Your application will be seen by our Admin and reviewed by our Founder. Your request may be discussed with various practitioners at the Empowering U Center in order to figure the best assistance for you.

Name (Printed):

Date:

Applicant Signature:

Parent or Guardian Signature if Applicant is under 18: _____

Parent Cell phone: _____

Parent email: _____

Please provide any additional information you would like us to know:

Please save this application to your computer and then submit it to us using the email address below. You may also print and mail it using the address listed on the bottom of this page, or feel free to drop it off at the Empowering U Center. Thank you for your interest in assistance from Pillars of Light and Love. We will be in touch with you regarding your application shortly!

Pillars of Light and Love 511 W Main St. Trappe, PA 19426 Phone: 484.854.1162 Email: Staff@PillarsOfLightandLove.org