

**Lacamas Counseling & Psychiatry**  
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Camas, WA 98607  
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**LACAMAS**  
COUNSELING

## Scholarship Agreement

Scholarship has been awarded to \_\_\_\_\_ (client name).

Based upon scholarship eligibility, counseling sessions will be \$\_\_\_\_\_ for \_\_\_\_\_ (number) sessions.

Client is responsible to inform Lacamas Counseling & Psychiatry if changes arise in financial/life circumstances that initiated scholarship agreement.

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Client \_\_\_\_\_ Date \_\_\_\_\_

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Client/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Provider \_\_\_\_\_ Date \_\_\_\_\_