

**CALIFORNIA STATE UNIVERSITY, LONG BEACH
COMMUNITY CLINIC FOR COUNSELING AND EDUCATIONAL SERVICES**

1250 BELLFLOWER BLVD, ED2-155

LONG BEACH, CA 90840

Tele: (562) 985-4991

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FEE REDUCTION REQUEST

The Community Clinic for Counseling & Educational Services strives to make services available by providing scholarships to individuals/families in financial need. Please complete this form and present the necessary verification documents to the clinic staff. You will be notified of scholarship approval as soon as possible.

Date: _____ **Client's Name:** _____

Client(s) is (are) enrolled in the following services:

- _____ Counseling (Not Eligible for 80% Scholarship)
- _____ Academic Intervention/ Summer Math Clinic
- _____ Psychoeducational/Early Childhood Assessment
- _____ Transition Planning

CATEGORY OF REQUEST (please check one only and present documentation to clinic staff)

80% Scholarship Criteria:

- () Student qualifies for **Free or Reduced Lunch** at school/ headstart enrollment.
A letter on school or district letterhead indicating the student's qualification for free or reduced lunch
- () Family income is at or below the 2018 HHS Poverty Guidelines (see chart below)
A copy of one of the following: pay stub, or a 1040 form or other tax document

50% Scholarship Criteria

- () Individual/Parent/Guardian is a CSULB student
Student ID card
- () Student attends private school on a scholarship
A letter on school or district letterhead indicating that the student currently attends a private school on scholarship

2018 HHS Poverty Guidelines

Persons in Family or Household	Income		
1	\$12,140	5	\$29,420
2	\$16,460	6	\$33,740
3	\$20,780	7	\$38,060
4	\$25,100	8	\$42,380

* For each additional person, add \$4,320

Source: Federal Register notice of the 2018 poverty guidelines [FR Doc. 2018-00814 Filed 1-12-18; 4:15 pm]

For Office Use Only

Verified by _____ Date: _____

_____ Granted _____ Denied: _____

Decision communicated to the client on: _____