



PHOENIX THERAPY SERVICES

THERAPY SCHOLARSHIP APPLICATION FORM

248.671.7872

2000 Oakley Park Rd., Suite 203
Commerce Township, MI 48390

DISORDERED EATING TREATMENT SCHOLARSHIP

Phoenix Therapy Services, through the support of the Britt Perrota Sommerfield Memorial Scholarship Fund, is proud to be able to provide low-cost to no-cost mental health treatment for those who are struggling with eating disorders and trauma.

It is estimated that 28.8 million Americans will develop an eating disorder in their lifetime. While no exact cause has been identified, research indicates that eating disorders often develop through a complex combination of genetics, environmental factors, and a variety of psychological factors. There are not always obvious markers that indicate the presence of an eating disorder. Eating disorders, like all mental health disorders, are unique to the individual and present in various ways. Eating disorders often present with other mental health issues such as anxiety, depression, OCD, and post-traumatic stress disorder.

At Phoenix Therapy Services we never want finances to stand in the way of quality mental health care. We are proud to offer a scholarship option for individuals struggling with eating disorders and/or trauma.

Qualifications:

- People applying for the scholarship may already have been diagnosed with an eating disorder, PTSD, or both. If no previous diagnosis exists our staff will complete a comprehensive biopsychosocial assessment to determine the presence of an eating disorder, PTSD, or both.
- Are unable to afford mental health services either on their own or through their insurance benefits.
- You are ready to commit to therapy on a weekly basis and feel ready to address your mental health needs.

Steps:

1. Please fill out our application.
2. You will be contacted by a staff member to discuss your treatment needs, gather any additional information that is needed, and schedule an initial consultation.
3. You will be contacted within 7 days with the scholarship determination.

Limitations:

1. This scholarship is for outpatient care only within Phoenix Therapy Services. If you find that you require day treatment or inpatient services, please visit <https://www.allianceforeatingdisorders.com/find-treatment/>. They will help to connect you with higher level of care options that work with your specific financial situation.
2. This scholarship is determined on a case-by-case basis. Space is limited.

PERSONAL INFORMATION

Full Name _____

Date of Birth ____ / ____ / ____ Place of Birth _____

Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Other _____ ☐ Prefer not to say

Home Address _____

City _____ Zip Code _____

Phone Number _____ Email _____

Preferred Language _____

MENTAL HEALTH BACKGROUND

Diagnosed with a mental health condition? ☐ Yes ☐ No

If Yes:

Diagnosis(es) _____

Date & Place of Diagnosis _____

FINANCIAL INFO

Annual household income _____ Household size _____

Do you have health insurance? ☐ Yes ☐ No

If Yes:

Provider _____

Coverage for therapy? ☐ Yes ☐ No ☐ Unsure

PERSONAL STATEMENT

Why would therapy be beneficial at this time?

AVAILABILITY & PREFERENCES

Availability (check all)

☐ Weekday Mornings ☐ Afternoons ☐ Evenings ☐ Weekends

Preferred session type

☐ In-person ☐ Virtual ☐ No preference

SUPPORTING DOCUMENTS

Attach supporting documents (W-2, pay stubs, utility bills, etc.)

Document 1 _____

Document 2 _____

Document 3 _____

CONSENT & ACKNOWLEDGEMENT

- ☐ I affirm that all information is accurate.
- ☐ I understand this is used purely for scholarship consideration.
- ☐ I consent to contact via email or phone.

Signature above Printed Name

Date ____ / ____ / ____

If you have any additional questions, please contact us at 248.671.7872 or
PTSooffice@phoenixtherapyservices.com