



2026 Collectively Brave Therapy Access Scholarship Initial Application

Please read the Scholarship Policies and Guidelines (available on the Collectively Brave website) before beginning your application. Additional documents will need to be emailed as PDFs along with this application.

Deadline: April 1st

Applicant Information

Name: _____

Phone Number: _____

Email Address: _____

Pronouns: _____

Do you self-identify as Black, Indigenous, or a Person of Color (BIPOC)? Yes / No (circle one)

Which area do you live in?

Therapy Interest

Have you previously had access to therapy or counseling? Yes / No

Are you currently working with a therapist? Yes / No

What kind of therapist would be a good fit for you? (Check all that apply)

- Individual Therapy
- Family Therapy

- Anxiety/ Depression Specialist
- Substance use Therapist
- Trauma and PTSD
- LGBTQ+ Affirming Therapist
- Men's issues
- Women's issues
- Fertility, Postpartum Specialist
- Eating Disorders
- Chronic illness
- Other (please explain): _____

Do you have any preferences regarding the demographic background (e.g., race, ethnicity, age, cultural & gender identity): _____

Financial Information

Monthly Household Income (estimate): \$ _____

Number of People in Household: _____

Are you currently receiving any public assistance (SNAP, TANF, Medicaid, etc.)? Yes / No

Do you have health insurance that covers therapy? Yes / No / Unsure

What would full or partial support for therapy mean to you?

(Briefly explain):

Personal Statement & Essay

Please attach a typed document (max 2 pages) with the following:

Part 1 – Personal Statement (One Paragraph):

Tell us about your current situation and what led you to seek therapy. How would receiving this scholarship support your overall personal or emotional well-being?

Part 2 – Essay (1-2 Paragraphs per prompt, choose two):

Select **two** of the prompts below to respond to:

- Share a moment in your life where you knew you needed to prioritize your mental health.
 - What systems or barriers have impacted your ability to access healing or care?
 - How do you take care of yourself or others when things feel heavy?
 - In what ways has your identity shaped how you've experienced or viewed therapy?
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Additional Documents

1. **Letter of Support (Optional but encouraged):** A brief note from someone who can speak to your character, community involvement, or need (e.g., mentor, teacher, caseworker, friend).
 2. **Proof of Residency (Optional):** Utility bill, school ID, or other documents if applicable.
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Scholarship Expectations

If awarded this scholarship, I agree to:

- Participate in a check-in midway through the therapy sessions to reflect on progress.
- Respect the confidentiality and guidelines of the therapist I am matched with.
- Use this scholarship within the next 12 months unless I communicate delays.

- Allow Collectively Brave to anonymously share parts of my story (with consent) to inspire future healing opportunities for others.
- Understand that this is a limited fund for a year of support and my honesty in this application helps direct resources to those with the greatest need.

Signature: _____

Date: _____