

GOOD DAYS FOUNDATION, INC.
Tuition Assistance / Scholarship Application
Supporting Enrollment at Good Days Adolescent Special Needs Center

Section 1 – Student Information

- Student Name: _____
- Date of Birth: ____ / ____ / _____
- Current Age: _____
- Primary Diagnosis / Primary Support Need:

- Current School / Program (if any):

- Requested Start Date at Good Days Center: ____ / ____ / _____
- Enrollment Plan: Full-time Part-time (explain): _____

Section 2 – Parent / Guardian Information

Primary Parent/Guardian

- Name: _____
- Relationship to Student: _____
- Phone: _____
- Email: _____
- Home Address:

Secondary Parent/Guardian (if applicable)

- Name: _____
- Relationship to Student: _____

- Phone: _____
- Email: _____
- Best way to contact you: Phone Email Text

Section 3 – Household Information

- Total Number of People in Household: _____
- Number of Dependents Under Age 18: _____
- Annual Gross Household Income (before taxes):
 - Under \$40,000
 - \$40,000 – \$60,000
 - \$60,001 – \$80,000
 - \$80,001 – \$100,000
 - Over \$100,000
- Please list **all sources** of income (check all that apply):
 - Wages / Salary
 - Self-Employment
 - Social Security / SSI / SSDI
 - Child Support / Alimony
 - Pensions / Retirement
 - Other: _____

Section 4 – Other Funding & Support

Good Days Foundation scholarships are designed to **supplement** other available resources.

1. Are you currently receiving, or applying for, any of the following? (Check all that apply)
 - Step Up For Students / FES-UA
 - Family Empowerment Scholarship
 - McKay / other scholarship (legacy)
 - Medicaid Waiver / iBudget
 - Other grants or funding: _____

2. If you checked any above, please list **program name(s)** and **amount(s)** (if known):

3. How much **monthly** or **annual** tuition assistance are you requesting from Good Days Foundation?

\$ _____ per month year

Section 5 – Student Needs & Fit

Please answer the following questions. You may attach additional pages if needed.

1. **Describe your child.**

Tell us about their personality, strengths, interests, and what makes them unique.

2. **Why are you seeking enrollment at Good Days Adolescent Special Needs Center?**

3. **What are your top goals for your child in the next 12–24 months?**
(Life skills, independence, friendships, communication, etc.)

4. **How would this tuition assistance impact your family?**

Section 6 – Financial Impact Statement

Please briefly explain your current financial situation and why scholarship assistance is necessary at this time (job change, medical expenses, single-income household, caregiving responsibilities, etc.).

I prefer not to share details in writing and request to discuss by phone.

If completing in writing:

Section 7 – Required Documentation

To process your application, please include **copies** (no originals) of the following:

- Most recent **Federal Tax Return** (first 2 pages) OR
- 2 most recent **pay stubs** for each working adult in the household

If applicable, also attach:

- Award letters for scholarships (e.g., Step Up For Students)
- Disability, SSI/SSDI, or other benefit award letters
- Any additional documentation you wish us to consider

Good Days Foundation may request additional information if needed to clarify eligibility.

Section 8 – Consent & Acknowledgments

Please read and initial each statement:

I certify that the information provided in this application is **true and complete** to the best of my knowledge.

I understand that submission of this application **does not guarantee** an award.

I understand that scholarship decisions are based on **financial need, fit with the Good Days Center program, and available funds**.

I agree to notify Good Days Foundation promptly if my financial situation **significantly improves** or if my child no longer attends Good Days Center.

I give permission for Good Days Foundation and Good Days Adolescent Special Needs Center to **share relevant information** with one another for the purpose of reviewing this application.

Section 9 – Signatures

Primary Parent/Guardian Signature:

_____ Date: ____ / ____ / ____

Secondary Parent/Guardian Signature (if applicable):

_____ Date: ____ / ____ / ____

Submit completed applications and documentation to:

Good Days Foundation, Inc.

contact@gooddaysfoundationftmyer.org

Good Days Foundation, Inc. is a 501(c)(3) nonprofit organization dedicated to helping adolescents with unique developmental needs access life-changing programs at Good Days Adolescent Special Needs Center.