

## Section 1 – Student Information

- Student Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Current Age: \_\_\_\_\_
- Primary Diagnosis / Primary Support Need:

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- Current School / Program (if any):

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- Requested Start Date at Good Days Center: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
- Enrollment Plan: ☐ Full-time ☐ Part-time (explain): \_\_\_\_\_

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## Section 2 – Parent / Guardian Information

### Primary Parent/Guardian

- Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Home Address:

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### Secondary Parent/Guardian (if applicable)

- Name: \_\_\_\_\_
- Relationship to Student: \_\_\_\_\_

- Phone: \_\_\_\_\_
  - Email: \_\_\_\_\_
  - Best way to contact you: ☐ Phone ☐ Email ☐ Text
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### 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: \_\_\_\_\_
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### 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):

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

\$ \_\_\_\_\_ per ☐ month ☐ year

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## 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.

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

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

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

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## 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:

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## 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.

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## 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.

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## Section 9 – Signatures

Primary Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Secondary Parent/Guardian Signature (if applicable):

\_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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Submit completed applications and documentation to:

Good Days Foundation, Inc.

[Insert Mailing Address]

Email: [insert email, e.g. [scholarships@gooddaysfoundation.org](mailto:scholarships@gooddaysfoundation.org)]

Phone: [insert phone, optional]

*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.*