



GUARDIAN'S GIFT SCHOLARSHIP APPLICATION

Name of Applicant: _____ DOB: ____/____/____

Parent/Guardian Name (when applicable): _____

Address:

Phone Number: () ____ - _____

E-mail: _____

Have you experienced a traumatic, sudden, or unexpected loss/death of a loved one?

- No
- Yes

If Yes, what type of loss did you experience? (check all that apply)

- Suicide
- Accidental death
- Murder
- Miscarriage
- Infant loss
- Other: _____

Were you present at the loss/death of a loved one?

- No
- Yes

How has the loss impacted you/your child? (please check all that apply)

- Guilt over being unable to prevent the death*
- Preoccupied with why the death occurred*
- Shame over how loved one died (can be caused by societal stigma)*
- Anger at loved one for dying*
- Resentment*
- Remorse*
- Confusion*
- Distress over unresolved issues*
- Feeling isolated due to the nature of the death of loved one*
- Fear of condemnation*
- Feel like a failure*
- Fearful of forming new relationships*
- Realization of mixed emotions of relief and deep sadness*
- Extreme focus on the loss and reminders of the loved one*

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- Strong feelings of yearning or longing for the person who died*
- Problems accepting the death*
- Numbness or detachment*
- Preoccupation with your sorrow*
- Bitterness about your loss*
- Inability to enjoy life*
- Depression or deep sadness*
- Trouble carrying out normal routines*
- Withdrawing from social activities*
- Feeling that life holds no meaning or purpose*
- Irritability or agitation*
- Feeling like life is empty or meaningless without the person who died*
- Strong feelings of anger or bitterness related to the death*
- Feeling intensely lonely, even when other people are around*
- Lack of trust in others*
- Thinking so much about the person who died that it interferes with doing things or with relationships with other people*
- Strong feelings of disbelief about the death or finding it very difficult to accept the death*
- Feeling shocked, stunned, dazed or emotionally numb*
- Finding it hard to care about or to trust other people*
- Feeling very emotionally or physically activated when confronted with reminders of the loss*
- Avoiding people, places or things that are reminders of the loss*
- Strong urges to see, touch, hear, or smell things to feel close to the person who died*

Common impact specific to children - (please check all that apply)

- Psychosomatic symptoms (stomach aches, headaches etc.)*
- Depression*
- They may want to be "of use" practically*
- Range of emotions manifest by rapid mood changes*
- Will often try to be brave, does not like to lose control*
- Learning difficulties*
- Play, stories, and drawings revealing inner distress and fears.*
- Regression in behaviors or taking on an adult role*
- Has become withdrawn or acts out in anger*
- New behavioral issues at home or school*
- Has become the "perfect child"*
- Increased concerns and distress regarding physiological body changes*
- Feelings of loneliness, sadness, despair, anger, guilt, hostility, rejection.*
- May either have a sense of seeing no meaning or purpose in life and/ or may see the situation as a challenge to be overcome.*
- Difficulty concentrating*
- Poor or change in motivation regarding learning*
- May have an excessive interest in or lack of involvement in important issues.*
- Exaggerated acting out behaviors, often masking fears with joking and sarcasm, or withdrawal.*

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Number of people living in your household: _____*

What kind of Health Insurance do you have?*(Check One)

- Medicaid
- Medicare
- Other: _____ (if the Applicant does not have Medicaid or Medicare please provide a copy of the last two paychecks of every adult in the household with this application)

****We are gathering financial information at this time to determine if you may need additional funds from one of our other scholarships once you have used the four sessions gifted to you by the Guardian's Gift Scholarship. Income information is not used to determine eligibility for the Guardians' Gift Scholarship and the information gathered does not guarantee eligibility for another scholarship or continued services after the four gifted sessions.***

PLEASE NOTE: *Completing this application is not a guarantee that you will receive the Guardian's Gift Scholarship. Once we receive your application our committee will determine if you qualify and notify you of their answer in writing, email, and/or phone call.*

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the Guardian's Gift Scholarship. I further agree to inform Hope Meadows Foundation if there is a significant change in my income. If acceptance to the Guardian's Gift Scholarship is obtained under this application, I will comply with all rules and regulations of Hope Meadows Foundation. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date: _____ Applicant's Name (Print): _____

Applicant's Signature: _____

Parent/Guardian Name (Print): _____ (when applicable)

Parent Guardian Signature: _____ (when applicable)

Guardian's Gift Scholarship Application

This Section for Company Use Only

Name of Nominee: _____

Date Received Completed Application: ____/____/____

Collected Documents to Verify Information:

- Photocopy of Identification
- Scholarship Application
- Copy of Insurance Card (if they have Medicaid or Medicare ONLY)
- Copy of last 2 paychecks of every adult in the household (if they have "Other" Insurance ONLY)
- Other: _____

Did Potential Recipient experience traumatic loss:

- No (if No, send denial letter and recommend they apply for the "Compassionate Care Fund")
- Yes

Impact of loss:

Request has been:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (If denied, list the reason for denial):
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Comments:

Scholarship Application Request has been reviewed by the following (s):

____/____/____	_____	_____
Date	Please Print Name	Signature

____/____/____	_____	_____
Date	Please Print Name	Signature

Notification was sent to the Potential Recipient on: ____/____/____ (Date)

If "Approved" copy of completed form placed in the client's chart (EMR or Paper, whichever is applicable).

Date copy place in chart: ____/____/____ **Placed by (print name):** _____

Place Original forms in the Guardian's Gift Scholarship Folder.

Guardian's Gift Scholarship Application

Date original placed in folder: ___/___/___ Placed by (print name): _____

SLIDING FEE SCHEDULE - 2021

Status	A	B	C	D	E	F
% of Discount	100%	80%	60%	40%	20%	0%
Cost to Client:						
Intake-	\$0	\$40	\$80	\$120	\$160	\$200
90837-	\$0	\$46	\$92	\$138	\$184	\$230
EAP Group-	\$0	\$20	\$40	\$60	\$80	\$100
Federal Poverty Level (FPL)	Gross Annual Family Income* ≤ 100%	101-125%	126-150%	151-175%	176-200%	>200%
Family Size						
1	\$0 - \$19,320	\$19,321 - \$24,150	\$24,151 - \$28,980	\$28,981 - \$33,810	\$33,811 - \$38,640	\$38,641+
2	\$0 - \$26,136	\$26,137 - \$32,670	\$32,671 - \$39,204	\$39,205 - \$45,738	\$45,739 - \$52,272	\$52,273+
3	\$0 - \$32,940	\$32,941 - \$41,175	\$41,176 - \$49,410	\$49,411 - \$57,645	\$57,646 - \$65,880	\$65,881+
4	\$0 - \$39,756	\$39,766 - \$49,695	\$49,696 - \$59,634	\$59,635 - \$69,573	\$69,574 - \$79,512	\$79,513+
5	\$0 - \$46,560	\$46,561 - \$58,200	\$58,201 - \$69,840	\$69,841 - \$81,480	\$81,481 - \$93,120	\$93,121+

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6	\$0 - \$53,376	\$53,377 - \$66,720	\$66,721 - \$80,064	\$80,065 - \$93,408	\$93,409 - \$106,752	\$106,753+
7	\$0 - \$60,120	\$60,121 - \$75,150	75,151 - \$90,180	\$90,181 - \$105,210	\$105,211 - \$120,240	\$120,241+
8	\$0 - \$66,996	\$66,997 - \$83,745	\$83,746 - \$100,494	\$100,495 - \$117,243	\$117,244 - \$133,992	\$133,993+
9	\$0 - \$73,800	\$73,801 - \$92,250	\$92,251 - \$110,700	\$110,701 - \$129,150	\$129,151 - \$147,600	\$147,601+
10	\$0 - \$80,616	\$80,617 - \$100,770	\$100,771 - \$120,924	\$120,925 - \$141,078	\$141,079 - \$161,232	\$161,233+
11	\$0 - \$87,420	\$87,421 - \$109,275	\$109,276 - \$131,130	\$131,131 - \$152,985	\$152,986 - \$174,840	\$174,841+
12	\$0 - \$94,236	\$94,237 - \$117,795	\$117,796 - \$141,354	\$141,355 - \$164,913	\$164,914 - \$188,472	\$188,473+

*Total annual family income before taxes and deductions