



Dear ScenicView Academy Applicant,

The world is an ever-changing place. The more you grow up, the more difficult your decisions become. Perhaps school has become increasingly frustrating, finding a job that lasts is difficult, and communicating with others seems awkward or impossible. You may have learning difficulties like Autism, Aspergers, Attention Deficit Hyperactive Disorder, Executive Functioning Deficits or a specific Learning Disability like Dyslexia, Dyscalculia, or Dysgraphia which could be contributing to your discouragement.

At ScenicView Academy, we understand what you are going through. We know that you have the capacity to learn important skills to help you be independent. At ScenicView, you will be given the necessary attention from qualified staff members in order for you to reach your goals. We focus on helping you learn what you need to get a successful job where you feel skilled and appreciated, maintain your own apartment, and pay your living expenses. We will help you learn how to interact with others in social situations, manage your money well, and feel more comfortable in the community. More than anything, we help you understand your unique situation and ways that you can change the world from the inside and from the outside to better suit your needs.

You *can* have confidence in yourself and your abilities as the world changes around you. You have the ability to be successful, and we at ScenicView Academy want to help you on your journey.

We look forward to meeting you!

Sincerely,

Your friends at ScenicView Academy Inc.

Before You Continue...

In order to best meet your needs, please take a moment and review the following checklists. This will help you to determine if the applicant is a good fit for ScenicView Academy.

Likely Candidates Are...

- Single
- Free from alcohol/drugs
- Free from excessive debt
- Experiencing difficulty in thinking, reading, writing, or doing math
- Diagnosed with a learning disability
- 21 years of age or older
- Tested with an IQ level of 90 or above
- Motivated and determined to learn life and academic skills, improve physical and emotional health, and improve employment skills

Unlikely Candidates Are or Have Been...

- Diagnosed with Traumatic Brain Injury
- Diagnosed with Fetal Alcohol Syndrome
- Diagnosed with Schizophrenia (unless controlled with medication for at least one year)
- Convicted of a major crime such as a felony
- Suffering from Major Health Problems
- 20 years of age and under
- Tested with an IQ of 89 or below
- Extreme behavioral problems /disorders (must have controlled hygiene, anger, etc.)

If ScenicView seems like the appropriate place for you or your loved one, please continue the application process by:

- _____ Filling out the attached application pages
- _____ Including a Level I psychological (intellectual testing/evaluation) from the last three years
- _____ Including a current photograph of applicant
- _____ Including a \$50.00 non-refundable application processing fee
- _____ Attaching a copy of a current physical exam from the last year

Once you have completed and returned the entire application, you can expect a 4-6 week application review period. During this period a ScenicView representative will contact you to begin compiling a psychosocial history. You may also come to our facility to have an interview with an Student Review Committee Member, have a tour of the facility and participate in a few activities and classes. If you have any questions during this process you are welcome to call (801 226-2550 or 866-723-6420) or stop by the Academy and we will be happy to assist you.

APPLICATION FOR ADMISSION

Please attach a picture of the applicant to this sheet.

I. Personal Information of Applicant

Name _____ Gender M F

Date of Birth _____ Age _____ Birthplace _____

Hair Color _____ Eye Color _____ Height _____ Weight _____

Social Security # _____ Religious Preference _____

Current Address _____

City _____ State _____ Zip Code _____

Permanent Address (*if different from current address*) _____

City _____ State _____ Zip Code _____

Phone _____ 2nd Phone _____

Email Address _____

II. Applicant's Authorized Representative Information (*if applicable*)

Name _____

Relationship to Applicant _____ Phone _____

Referred to ScenicView by _____ 2nd Phone _____

Email Address _____

Address _____

City _____ State _____ Zip Code _____

III. Applicant's Medical, Dental, and Prescription Insurance Information:

I do not have insurance coverage

I do have insurance coverage - Please include a copy of the front and back of your medical, dental, and prescription cards with this application. If insurance forms are required, please enclose signed forms.

FAMILY HISTORY

Guardian: Mother Father Both Other

Please select the option which applies to the most involved parent:

- Biological Father
- Adoptive Father
- Stepfather

Date of Birth _____

Name: _____

Occupation _____

Home Phone: _____

Work Phone _____

Address: _____

Highest Grade Completed _____

Please select the option which applies to the most involved parent:

- Biological Mother:
- Adoptive Mother:
- Stepmother:

Date of Birth: _____

Name: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Address: _____

Highest Grade Completed: _____

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- Other Guardian:

Name: _____

Date of Birth: _____

Relationship to Applicant: _____

Occupation: _____

Home Phone: _____

Work Phone: _____

Address: _____

Highest Grade Completed: _____

Were there any complications with the mother's pregnancy? Yes No

If yes, please describe: _____

SOCIAL HISTORY

Describe the applicant's social interactions with regards to the following areas. Attach any evaluations or testing results relative to conditions. You may add another page if necessary.

Family:

Friends:

School:

Behavioral:

Emotional:

Describe the applicant's overall character and intellectual strengths:

ACADEMIC HISTORY

Describe the applicant's school performance in the following four (4) phases. You may want to discuss grades, relationships, teachers, peers, and classroom behavior. You may add another page if necessary.

Pre-Kindergarten and Kindergarten:
Grades 1-6:
Grades 7-9:
Grades 10-12:

Do you have a: High School Diploma GED

How far have you gone in schooling?
 Junior College 4-year school Vocational Training

Name of most recent school attended _____

Address _____ Phone _____

Currently attending? Yes No (if no, please explain why) _____

Has the applicant been academically assessed? Yes No

Level of functioning: Above Average Average Below Average

Applicant's favorite school subject(s): _____

Applicant's least favorite school subject(s): _____

What do you perceive as the applicant's academic needs? _____

EMPLOYMENT HISTORY

Did the applicant attend any vocational schools? Yes No

If yes, what skill was learned? _____

Has the applicant been dismissed, asked to resign, or left by mutual agreement from any position? Yes No

If yes, please explain _____

Does the applicant speak a second language? Yes No If yes, what language? _____

Is the applicant currently employed? Yes No If yes, what company/location? _____

How long has the applicant been employed there? _____ Current Wage _____

In the space below, please describe the applicant's work history: (list a maximum of five previous employers)

Business Name	City, State	Time Employed There
Description of Job responsibilities		

Business Name	City, State	Time Employed There
Description of Job responsibilities		

Business Name	City, State	Time Employed There
Description of Job responsibilities		

Business Name	City, State	Time Employed There
Description of Job responsibilities		

Business Name	City, State	Time Employed There
Description of Job responsibilities		

MEDICAL HISTORY

Please mark all statements that apply:

- The applicant has been treated for chronic illness, fractures, or surgeries.
- The applicant has allergies.
- The applicant has a sleeping OR eating disorder.
- The applicant has hallucinations.
- The applicant has special needs (eyeglasses, contacts, braces/retainers, hearing aids etc.) .
- The applicant has had a head injury or experiences seizures.
- The applicant has a medical or dental condition that would limit him/her from participating in daily academic, social, recreational or physical education. (i.e. wheelchair bound, severe diabetes, heart condition, etc.)

If any of the above boxes are marked, please explain conditions/needs/situations below (use additional sheets if necessary).

Please list all medications and dosages of the applicant below.

Does the applicant have health insurance? _____

What is the general health of the applicant? _____

PLEASE ATTACH A CURRENT PHYSICAL EXAM TO THIS APPLICATION. IT MUST BE DATED WITHIN THE PAST YEAR. (If you do not have a current physical exam, please contact ScenicView as we have arranged for special pricing through a local provider.)

ScenicView Academy, Inc. Fee Agreement

INSTRUCTIONS

The following items need to be provided:

1. This form, completed and signed
2. A signed copy of your most recent federal tax return
3. Other documentation that confirms income or extenuating circumstances

1. Applicant Information

Name: _____

2. Responsible Party Information

Name: _____

Spouse's name (if applicable): _____

Address: _____

Phone Number: _____ Number of dependents: _____

What is your current level of income? _____

What is your best estimate of net worth? _____

ScenicView fees provide for a full array of services including professionally licensed staff and facilities, programming and support services. Although our actual costs are significantly higher the full fee to attend ScenicView Academy, Inc. is \$36,000 per year for residential students \$18,000 per year for day students.

I agree to pay the full fee assigned. Yes No

If yes, please skip to section 5 below. If not, please fill in sections 3 through 5.

3. Exception Explanation

Other financial circumstances that require special consideration: _____

4. Other Sources of Assistance

Have you asked your family for help? Yes No

Have you asked other creditors for assistance? Yes No

How much are you able to pay each year? _____

5. Declaration and Signature

I state that the information given in this form and the accompanying documentation is true and complete. I authorize any required verification of this information. I understand that if this information is determined to be false or deceptive, such a determination will result in a denial of my request, and I will be liable for full payment of any charges incurred.

Signature of Responsible Party

Date

For ScenicView Academy use only – Please do not write below this line

ScenicView Academy Approval and Comment

Approved Annual Fee: _____

Director Signature: _____

Date: _____

Comments: _____
