

Scholarship Application Form

The following information is required to help us determine eligibility for tuition assistance. All information is kept confidential. Scholarships are considered on a rolling basis when funding is available. Scholarship funds are limited. Please fill out all sections of the application. Should you have any questions, please call Christina Bray at 404-872-5338 ext. 238.

Scholarships may only be applied to class tuition. Families must provide any supplies/materials needed for classes.

Please select the quarter(s) for which you are applying. Late applications will not be reviewed.

- | | |
|---|---|
| <input type="checkbox"/> Full Year (Fall, Winter, Spring): <i>Deadline July 1</i> | <input type="checkbox"/> Winter Quarter: <i>Deadline November 1</i> |
| <input type="checkbox"/> Fall Quarter: <i>Deadline July 1</i> | <input type="checkbox"/> Spring Quarter: <i>Deadline February 1</i> |
| | <input type="checkbox"/> Summer Quarter: <i>Deadline April 1</i> |

Part 1 – Student and Parent Information *(Please Print)*

Student Name: _____ Birth Date: _____

Home Address: _____ Home Phone: _____

City, State, ZIP: _____ New Student? *(Circle one.)* YES NO

Mother's Name: _____ Occupation: _____

Employer's Name: _____ Work Phone: _____

Work Address: _____ Email: _____

City, State, ZIP: _____

Father's Name: _____ Occupation: _____

Employer's Name: _____ Work Phone: _____

Work Address: _____ Email: _____

City, State, ZIP: _____

Please indicate the annual household income. Please include any alimony payment, rental income, etc. Verification of income may be requested by the Programs Department.

- | | | |
|--|--|---|
| <input type="checkbox"/> \$20,000 or less | <input type="checkbox"/> \$40,001-\$50,000 | <input type="checkbox"/> \$80,001-\$100,000 |
| <input type="checkbox"/> \$20,001-\$30,000 | <input type="checkbox"/> \$50,001-\$60,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$30,001-\$40,000 | <input type="checkbox"/> \$60,001-\$70,000 | |

What was the amount of your total adjusted gross income on your 2013 taxes? _____

Families with income adjusted gross income over \$60,000 do not qualify for a financial-need based scholarship. However, they are still eligible for talent-based aid as decided by the instructor.

How many people live in your household (that are counted as dependents on your taxes)? _____

Part II – Class Information

Please list the class(es) the student plans to take. The number of classes affects the amount of scholarship monies awarded.

Class Title	Day	Time	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part III – Scholarship Information

Has the student received scholarship assistance from Callanwolde in the past? (*Circle one.*) YES NO

If yes, please give the quarter/year and amount of scholarship: _____

Is the student available/interested in work study? (*Circle one.*) YES NO

If yes, what are the maximum available hours per week? _____

Use the space below to explain why you believe your child should receive scholarship aid. Please include any information regarding financial obligations, etc. that you feel might qualify your child for scholarship funds and are not reflected in your information above. Use additional paper as needed.

Part IV – Signature

I hereby attest that the income and residence information listed above is true and complete.

Applicant's Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Part V – Recommendation

Please **attach a letter of recommendation** from a teacher in support of your child's scholarship application.

Part VI – Submit application

Submit your application to Christina Bray by email to cbray@callanwolde.org or by mail to: Callanwolde Fine Arts Center, Attn: Christina Bray, 980 Briarcliff Road NE, Atlanta, GA 30306.