

Adult 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. 236.

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

Part I – Student Information *(Please Print)*

**Fields marked with an asterisk are required.*

*Student Name: _____	Birth Date: _____
*Home Address: _____	*Home/Cell: _____
*City, State, ZIP: _____	New Student? <i>(Circle one.)</i> YES NO
*Occupation: _____	
*Employer's Name: _____	*Work/Cell: _____
*Work Address: _____	*Email: _____
*City, State, ZIP: _____	

*Please indicate your annual household income. Please include any alimony payment, rental income, etc. Please attach verification of income with your application (most recent tax return and two most recent pay stubs).

- | | | |
|--|--|---|
| <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 most recent tax returns? _____

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

Part II – Class Information

*Please list the class(es) you would like to take.

Class Title	Instructor	*Class Code #	Day & Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part III – Scholarship Information

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

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

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

Part IV – Signature

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

Applicant’s Signature: _____

Printed Name: _____

Date: _____

Part V – Recommendation

*Please **attach a letter of recommendation** from a personal or professional reference in support of your scholarship application.

Part VI – Submit application

Submit your application to Christina Bray at cbray@callanwolde.org, fax 404-872-5175 Attn: Christina Bray, or by mail to: Callanwolde Fine Arts Center, Attn: Christina Bray, 980 Briarcliff Road NE, Atlanta, GA 30306.