



Frank Barham Scholarship Application Form

The following information is required to help us determine eligibility for scholarship assistance. All information is kept confidential. Please complete all sections of the application. Should you have any questions, please contact Christina Bray, Outreach Director, at cbray@callanwolde.org or (404) 872-5338 ext. 236.

Part I – Student Information (Please print.)

Student Name: _____

Home Address: _____

City, State, Zip: _____

Birth Date (if under 18): _____

Phone: _____

E-Mail: _____

Parent/guardian name (if under 18): _____

Parent/guardian phone: _____

Parent/guardian email: _____

Please indicate the type of disability the student has:

- Autism
- Hearing
- Cognitive/Intellectual
- Mental Health/Emotional
- Physical
- Sensory
- Vision
- Multiple Disabilities
- Other (please specify) _____

Part II – Class Information

Please list the class(es) the student plans to take.

Class Title//	Instructor	Class Code/	Day and Time
_____	_____	_____	_____
_____	_____	_____	_____

Part III – Scholarship Information

Has the student received scholarship assistance from Callanwolde in the past? Yes No

If yes, please indicate the quarter/year and the class(es) taken. _____

Use the space below to explain why you/your child should receive scholarship assistance. Please include any information not reflected in your answers above that might help you qualify for funds. Use additional paper as needed.

Part IV – Signature

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

Student Signature (or parent/guardian signature if under 18) _____

Printed Name _____

Date _____

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