



Class Financial Aid Application

Callanwolde Financial Aid is available for all children and adult programming at Callanwolde and is awarded to students based on financial need and/or merit. Callanwolde is also able to provide financial aid to those with disabilities due to the Frank Barham Fund.

Read the terms and conditions carefully prior to submitting your application. All financial aid recipients will be notified within five business days of submission. Submit application to financialaid@callanwolde.org.

- Financial aid is open to students of all ages.
- Aid may be granted for 5% - 100% of registration costs.
- Applicants will be asked to indicate household income.
- Scholarship recipients are expected to attend class regularly and submit a Reflections Letter* by the end of the participating quarter. Poor attendance or failure to submit the letter may affect eligibility for future scholarships.

**Upon accepting a scholarship, you agree to submit a letter reflecting on your/your student's experience and what you/your student valued or gained from it. This letter is due within two weeks after the end of your class and will be shared with current and prospective donors who make this financial aid possible.*

_____ **I read and understand the terms and conditions.**

Initial Here

Applicant Contact Information

Please fill out the form below and Check any of the following that apply to you as pertains to ADA guidelines, wherein a condition substantially limits one or more major life activities. All personal and financial information, discussions, and awards are kept confidential.

Student Name:	
Primary Caregiver Name: <i>(if under 18)</i>	
Student Date of Birth:	
Phone Number: <i>(Primary Caregiver if under 18)</i>	
E-mail: <i>(Primary Caregiver if under 18)</i>	
Home Address:	

Occupation/Employer Name: <i>(Primary Caregiver if under 18)</i>	
Do any of the following disabilities apply to you? (Check all that apply.)	
<input type="checkbox"/> Autism <input type="checkbox"/> Hearing <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Mental Health/Emotional <input type="checkbox"/> Physical <input type="checkbox"/> Sensory <input type="checkbox"/> Vision <input type="checkbox"/> None <input type="checkbox"/> Other (please specify):	
Please indicate your household income. (Please include any alimony pay, etc.)	
<input type="checkbox"/> \$20K or less <input type="checkbox"/> \$20K - \$40K <input type="checkbox"/> \$40K - \$60K <input type="checkbox"/> \$60K - \$80K <input type="checkbox"/> \$80K - \$100K <input type="checkbox"/> Over \$100K <input type="checkbox"/> Other (please specify):	
What was the amount of your total adjusted gross income on your most recent tax return?	
How many people live in your household (that are counted as dependents on your taxes)?	

Applicant Course Information

Please fill out the form below that applies to you. All personal and financial information, discussions, and awards are kept confidential.

Use the space below to explain why you believe you should receive financial aid. Please include any information about financial obligations, etc. that you feel might qualify you for aid funds and are not reflected in the above information.

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Please list the Callanwolde courses this financial aid would be used for:

Use Registration Code from catalog. Ex. POT 10

Have you received financial assistance from Callanwolde before?

- Yes
- No

Applicant Signature

By signing the space below, you are certifying that all information is correct and that you are the person completing this application. When you press the submit button, you will receive an email confirmation that your application was received. Please print for your records and retain as verification of your application.

Sign Here

Today's Date