

## 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. Your application will not be processed if any of the \* is not filled out. Should you have any questions, please call Tori Isham at 404-872-5338 ext. 240.

*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"/> <b>Fall Quarter:</b> <i>Deadline July 17</i>       | <input type="checkbox"/> <b>Spring Quarter:</b> <i>Deadline February 10</i> |
| <input type="checkbox"/> <b>Winter Quarter:</b> <i>Deadline November 10</i> | <input type="checkbox"/> <b>Summer Quarter:</b> <i>Deadline April 10</i>    |

### Part 1 – Student Information *(Please Print)*

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 the annual household income. Please include any alimony payment, rental income, etc. \*Please attach verification of income with your application; (W2, 1040 and your most recent paystubs).

- |  |  |   |
|--|--|---|
| <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 taxes? \_\_\_\_\_

*Families with an 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	Instructor	*Class Code #	Day & Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 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? Must be over 14 years old. (*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.

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## Part IV – Signature

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

Applicant's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Part V – Recommendation

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

## Part VI – Submit application

Submit your application to Tori Isham at [tisham@callanwolde.org](mailto:tisham@callanwolde.org), fax 404-872-5175 Attn: Tori Isham or by mail to: Callanwolde Fine Arts Center, Attn: Tori Isham, 980 Briarcliff Road NE, Atlanta, GA 30306.