



YOUTH 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.

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

- Full Year (Fall, Winter, Spring): Deadline July 10**
- Winter Quarter: Deadline November 10**
- Fall Quarter: Deadline July 10**
- Spring Quarter: Deadline February 10**
- Summer Quarter: Deadline April 10**

PART 1: STUDENT AND PARENT INFORMATION (Please print.)

Student Name: _____

Birth Date: _____

Home Address: _____

Home Phone: _____

City, State, ZIP: _____

New Student? YES NO (Circle one.)

Mother's Name: _____

Occupation: _____

Employer's Name: _____

Work Phone: _____

Work Address: _____

E-Mail: _____

City, State, ZIP: _____

Father's Name: _____

Occupation: _____

Employer's Name: _____

Work Phone: _____

Work Address: _____

E-Mail: _____

City, State, ZIP: _____

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

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

- \$20,000 or less
- \$20,001-\$30,000
- \$30,001-\$40,000
- \$40,001-\$50,000
- \$50,001-\$60,000
- \$60,001-\$70,000
- \$80,001-\$100,000
- Over \$100,000

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

****Families with 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? YES NO
If yes, please give the quarter/year and amount of scholarship: _____

Is the student available/interested in work study? 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.