



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. Your application will not be processed if any of the * is not filled out. Should you have any questions, please call Jahmesha Joseph at 404-872-5338 ext. 236.

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"/> Full Year (Fall, Winter, Spring): <i>Deadline July 17</i> | <input type="checkbox"/> Winter Quarter: <i>Deadline November 10</i> |
| <input type="checkbox"/> Fall Quarter: <i>Deadline July 17</i> | <input type="checkbox"/> Spring Quarter: <i>Deadline February 10</i> |
| | <input type="checkbox"/> Summer Quarter: <i>Deadline April 10</i> |

Part 1 – Student and Parent Information *(Please Print)*

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

*Mother/Guardian: _____	Occupation: _____
Employer's Name: _____	*Work/Cell: _____
Work Address: _____	*Email: _____
City, State, ZIP: _____	*Primary Contact? <i>(Circle one)</i> YES NO

*Father/Guardian: _____	Occupation: _____
Employer's Name: _____	*Work/Cell: _____
Work Address: _____	*Email: _____
City, State, ZIP: _____	*Primary Contact? <i>(Circle one)</i> YES NO

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 2013 taxes? _____
Dance Families with income 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.

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.

Part VI – Submit application

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