

## **Course/Program Form:**

### **Cab Calloway Scholarship 2018**

*(To be completed by the student, parent, or sponsoring organization)*

**Include this form with the scholarship application,  
which must be postmarked or received by March 8, 2018,  
to receive scholarship consideration.**

Student's Name:

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Last	First	Middle
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The Cab Calloway student named above is applying for an arts scholarship. Scholarships are awarded to complete specific, arts-related instruction in the performing, visual, or communication arts, specifically in the summer while school is not in session. Awards pay for tuition, cost of lessons, and if provided as part of a residency program, for room and board. Transportation to and from the program is not eligible for award. To assess financial need, we ask the applicant to itemize the expected costs associated with completing their chosen program. Attach any additional materials to support your selection of this program and justify costs (ie, rate sheets, registration form, etc).

**Describe the course/program/lessons offered to this applicant:**

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Program Dates \_\_\_\_\_ to \_\_\_\_\_

Student Status (*please indicate with an X or check mark*):

admitted to program

under consideration

expressed interest

This program will meet:

\_\_ daily

\_\_ weekly

\_\_ Other (*explain*) \_\_\_\_\_

**Cab Calloway Scholarship Program makes award payments upon acceptance to the program, or on a periodic basis, directly to the program provider, on receipt of an invoice or bill. We will send a commitment letter in advance if this applicant is awarded funds from the scholarship program.**

\_\_\_\_\_

**Course/Program Name** \_\_\_\_\_

Person/Institution offering  
program: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## Scholarship Worksheet

*Complete all relevant costs below. If a cost does not apply to your program please put "N/A". Awards are limited to \$1,000.*

### Program Costs

Tuition \_\_\_\_\_ (Enclose copy of fee schedule provided  
by sponsoring organization)

Private Lessons \_\_\_\_\_ (Rate per hour: \_\_\_\_\_  
Total hours: \_\_\_\_\_)

Room & Board \_\_\_\_\_

Other \_\_\_\_\_ (Specify: \_\_\_\_\_)

**Total Program Cost** \_\_\_\_\_ **(A)**

### Contributions

Parents \_\_\_\_\_

Financial Aid \_\_\_\_\_

Student \_\_\_\_\_

Other Resources \_\_\_\_\_

**Total Contribution** \_\_\_\_\_ **(B)**

**Amount Needed** \_\_\_\_\_ **(A minus B)**

