

Application: Cab Calloway School Fund Scholarship 2021

Eligible students are currently enrolled in 6th through 11th grade in any art area taught at CCSA. **Please read instructions provided before filling out forms. Please use blue or black ink.**

Student Information

(To be completed by the student)

Student's Full Name: _____

Home Address: _____

Cell Phone: _____ Student email: _____

Current Grade Level: _____ Art Major _____

Short Essays: Please type

On a separate sheet of paper, please complete the following information in your own words. *(Make sure to proofread or have someone else proofread your essay.)*

1. Very briefly describe the program, course or lessons you wish to attend.
2. How will the program described help to enhance your arts education at Cab Calloway School?
3. List your activities, honors, exhibitions, publications, and/or performances since becoming a Cab Calloway student.

Please also send in the following items with this application:

1. A copy of your Report Card (the most recent marking period).
2. Recommendation Form(s) by your most relevant CCSA arts teacher(s).

If the teacher doing the recommendation is the person providing the instruction or program, then a second recommendation from a different arts instructor is also required.

3. Course/Program Form Supporting Materials (ie, A program brochure or rate sheet are helpful, but not required).

Parent Information

(To be completed by the custodial parent or guardian who will serve as primary contact)

Parent/Guardian Name: First: _____ Last: _____

Relationship to Applicant _____

Daytime Phone Number _____

*E-mail: _____ (*used to communicate award status)

Other members of your household:

Name	Age	Relation to Applicant

Please check appropriate box: Applicant is eligible for the free or reduced price lunch program (*participation will be verified by Dean Rumschlag*).

___ Yes (*no tax return needed*) _____ No (*must send in current tax return*)

Current Tax Return (needed if you do NOT qualify for the free and reduced lunch program). This information is used to calculate financial need and held in strict confidence by the Fund administration. Neither the Selection Committee nor Cab Calloway School will see your tax records. If you file a Federal Income Tax Return (Form 1040) on which this applicant is claimed as a dependent, please enclose a copy of the front and back (2019 or 2018). If you do not have a Tax Return for either of the past two years, please verify income (pay stub/W-2 and/or unemployment benefits).

If you have special financial circumstances that you would like the Selection Committee to consider, please explain:

Needed Information: Please review the application to ensure that you have answered all the questions completely and accurately. Both student and parent must sign the application. Failure to provide complete and accurate answers will disqualify your application. A scholarship may be revoked, at any time, if it was awarded based upon inaccurate or incomplete information. Scholarships are not transferable.

Required Signatures:

Applicant (student) _____

Parent/Guardian: _____

Checklist:

___ Completed and Signed Application

___ Student Essays on Separate Page

___ Latest Grade Report

___ Copy of Current Federal Tax (2019 or 2018) if applicant does NOT qualify for free/reduced lunch program

___ Course/Program Form

___ Recommendation(s) included in packet **OR**

___ Teacher(s) sending Recommendation.

Name of teacher(s): _____