

# Cab Calloway School Fund Scholarship Application 2024

**FINAL DUE DATE: MARCH 1, 2024**

*Award notifications are prioritized on a first-come first-serve financial need basis, and can be submitted anytime before the final due date or until funds are exhausted. For applicants who do not meet the financial need threshold, notification will be released in early April*

The Cab Calloway School Fund Scholarship supports currently enrolled Cab Calloway students in 6th through 11th grade to pursue enrichment in their art major at CCSA. 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.

*\*Please read the "scholarship information/instructions document" provided before filling out forms.*

*Please type.*

## **Student Information**

*\*To be completed by the student*

Student's Full Name:

Home Address:

Student email:

Current Grade Level:

Art Major:

## **Short Essays: Please type**

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.

## 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:

*\*required for communication*

Other members of your household:

Name	Age	Relation to Applicant

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

Yes (no tax return needed)

No (must send in current tax return)

If you selected no, current tax return is required. This information is used to calculate financial need and held in strict confidence by the Fund's scholarship administration. Neither the Fund nor Cab Calloway School personnel 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 (2022 or 2021). 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). Please remove any social security, date of birth, and any other information you would like to remain private, however all financial information must remain visible.

*\*If you have special financial circumstances for the Selection Committee to consider, please explain:*

## Course/Program Information Form

The Cab Calloway student named above is applying for an arts scholarship. 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 (i.e., rate sheets, registration form, etc).

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

1. Name of the program institution/course:
2. EIN or SS# of program or provider:
3. Name of the contact person for program:  
Title:  
Email:  
Phone:

Address

City: State: Zip:

Program Start Date: Program End Date:

How often does the program meet:

Student Status (Check One):

Admitted to Program

Under Consideration

Expressed Interest

The Cab Calloway School Fund Scholarship Program awards payment upon acceptance, directly to the program provider through the Automated Clearing House (ACH) for electronic fund transfer. Receipt of an invoice or bill is required to release payment (*please forward these to [scholarships@cabcallowayschoolfund.org](mailto:scholarships@cabcallowayschoolfund.org)*). We will send a commitment letter in advance, if this applicant is awarded funds from our scholarship program.

### Means of Payment

*Please contact your program to complete the information below for timely payment*

Program information for direct payment:

- Name of Bank:  
 Type of Account:    Checking    Savings    Other:  
ABA routing number:  
 Bank account number:

If payment is required before the scholarship is awarded, reimbursement is possible:

1. Invoice
2. Proof of payment to Program
3. Direct deposit information  
 Name of Bank:  
 Type of Account:    Checking    Savings    Other:  
ABA routing number:  
 Bank account number:

## CCSF Scholarship Worksheet

*Please complete all relevant costs below. If a cost does not apply to your program, please leave as \$0.  
Awards are limited to \$1,000 maximum.*

### **Program Costs**

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

Private Lessons (Rate per hour:               ; Total hours:               )

Room & Board (Enclose information from program)

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

**Total Program Cost (A)**

### **Contributions**

Parents/Guardian

Financial Aid

Student

Other Resources

**Total Contribution (B)**

**Amount Needed (A minus B)**

Use this section to itemize or explain figures listed above. Enclose copies of available price information.

## Checklist

- Completed and Signed Application
- Student Essay
- Latest Grade Report
- Copy of Current Federal Tax (2022 or 2021)  
*If you do not qualify for free/reduced lunch program*
- Course/Program Form Supporting Materials  
*i.e. program brochure or rate sheet is helpful, but not required*

Application **MUST** be mailed to the Cab Calloway School Fund, **NOT** mailed or delivered to the school. Please do not email the application.

**Please print and mail completed application to:**

Cab Calloway School Fund  
P.O. Box 4642  
Wilmington, DE 19807  
Attention: CCSF Scholarships

Payment directly to provider (check if all provided):

- Bank account information
  - Name of Bank
  - Account Type
  - ABA routing number
  - Bank account number

Reimbursement to Parent/Guardian:

- Bank account information (check if all provided)
  - Name of Bank
  - Account Type
  - ABA routing number
  - Bank account number
- Copy of invoice and proof of payment
  - Included
  - Will be forwarded to [scholarships@cabcallowayschoolfund.org](mailto:scholarships@cabcallowayschoolfund.org)

*If alternate means of reimbursement is required please contact [scholarships@cabcallowayschoolfund.org](mailto:scholarships@cabcallowayschoolfund.org)*

- Name of Teacher(s) sending Recommendation

1 \_\_\_\_\_

2 \_\_\_\_\_

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: \_\_\_\_\_