Cab Calloway School Fund Scholarship Application

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: Relationship to Applicant: *Daytime Phone Number: *E-mail: *required for communication | Last: | |
|---|---|---|
| Other members of your household | d: | |
| Name | Age | Relation to Applicant |
| | | |
| | | |
| | | |
| | | |
| | | |
| Please check the appropriate box (participation will be verified by | 11 | or reduced price lunch program |
| ☐ Yes (no tax return needed) | | |
| and held in strict confidence by to Calloway School will see your to which this applicant is claimed a 2021). If you do not have a Tax W-2 and/or unemployment bene information you would like to re | the Fund administration. Neither the Fund administration. Neither that records. If you file a Federal In as a dependent, please enclose a concept Return for either of the past two you fits). Please remove any social semain private, however all financial | tion is used to calculate financial need the Selection Committee nor Cab ncome Tax Return (Form 1040) on opy of the front and back (2022 or years, please verify income (pay stub/ curity, date of birth, and any other al information must remain visible. the Selection Committee to consider, |

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/less | sons offered t | o this applican | t: | | |
|--|--|--|----------------------------------|----------------------------------|--|
| Name of the program inst EIN or SS# of program of Name of the contact person Title: Email: Phone: | r provider: | | | | |
| Address | _ | | | | |
| City: | State: | Zip: | | | |
| Program Start Date: How often does the program mee | et: | Program Er | nd Date: | | |
| Student Status (Check One): Admitted to Program | Under (| Consideration | Expre | essed Interest | |
| The Cab Calloway School Fund the program provider through the Receipt of an invoice or bill is rescholarships@cabcallowayschoolapplicant is awarded funds from | Automated quired to release to the second to | Clearing Hous ase payment (We will send a | e (ACH) for el please forward | ectronic fund transfer. these to | |
| Please contact your prog | | s of Paymen lete the inform | | r timely payment | |
| Program information for direct page | ayment: | | | | |
| □Name of Bank:□Type of Account:△ABA routing number:□Bank account number: | Checking | Savings | Other: | | |
| If payment is required before the 1. Invoice 2. Proof of payment to Prog | ram | s awarded, rei | mbursement is | possible: | |
| 3. Direct deposit informatio □ Name of Bank: □ Type of Account: ABA routing number: □ Bank account number: | n | Savings | Other: | | |

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 | (Enclose copy of fee schedule provided by sponsoring organization) | | |
| Private Lessons | (Rate per hour: | ; Total hours: |) | |
| Room & Board | (Enclose information | n 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 | Application MUST be mailed to the Cab Calloway School Fund, NOT mailed or delivered to the school. | | | |
|---|--|--|--|--|
| □ Student Essay | | | | |
| □ Latest Grade Report | Please do not email the application. | | | |
| □ Copy of Current Federal Tax (2022 or 2021) If you do not qualify for free/reduced lunch program | Please print and mail completed application to: Cab Calloway School Fund | | | |
| □ Course/Program Form Supporting Materials i.e. program brochure or rate sheet is helpful, but not required | 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 paymentIncluded | | | | |
| Will be forwarded to scholarships@cabcallowayschoolfund.org | | | | |
| If alternate means of reimbursement is required please contact sch | olarships@cabcallowayschoolfund.org | | | |
| ☐ Name of Teacher(s) sending Recommendation | | | | |
| 1 | | | | |
| 2 | | | | |
| | | | | |
| Needed Information: Please review the application to ensure that you have accurately. Both student and parent must sign the application. Failure to put disqualify your application. A scholarship may be revoked, at any time, it incomplete information. Scholarships are not transferable. | provide complete and accurate answers will | | | |
| Required Signatures | | | | |
| Applicant (student): | | | | |

Parent/Guardian: