

## **Application: Cab Calloway Scholarship 2017**

Eligible students are currently enrolled in 7th 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 Name:

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Last

First

Middle

Permanent Home Address:

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

Student's email: \_\_\_\_\_

Current Grade Level (this year, Spring 2017): \_\_\_\_\_

Art Major \_\_\_\_\_ Minor (if any) \_\_\_\_\_

### **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:

<b>Name</b>	<b>Age</b>	<b>Relation to Applicant</b>

**Current Tax Return** 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 (2016 or 2015). If you do not have a Tax Return for either of the past two years, please:

1. Verify income (pay stub and/or unemployment benefits) OR
2. Indicate if the applicant is eligible for the free or reduced price lunch program (participation will be verified by Cab Calloway School Staff).

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

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**Needed Information** Please review the application to ensure that you have answered all the questions completely and accurately, then 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 or Guardian\_\_\_\_\_

## Checklist:

\_\_\_ Completed and Signed Application

\_\_\_ Student Essays on Separate Page

\_\_\_ Latest Grade Report

\_\_\_ Copy of Current Federal Tax (2016 or 2015)

\_\_\_ Course/Program Form

\_\_\_ Recommendation(s) included in packet **OR**

\_\_\_ Teacher(s) sending Recommendation.

Name of teacher(s) \_\_\_\_\_

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