

Form MUST BE FILLED OUT COMPLETELY and include a copy of the requested items on page 5. Incomplete applications will delay the award decision and may affect the amount of the scholarship awarded.

Chatham Academy is dedicated to meeting the educational needs of children with learning disabilities, attention deficit hyperactivity disorder, and similar learning differences.

Today's Date:		For School Year	:
Name of Student:			
Last	First		IVIIdale
Preferred Name:		_ Birthdate:	Age:
Address:			
City/State/Zip:		Phone:	
Current School:		Present Grade:	
Please let us know how you heard about us:			
FAMILY INFORMATION			
Father/Legal Guardian:	M	other/Legal Guardi	an:
	ne: Home Phone		
Cell Phone:	Ce	ll Phone:	
With whom does the applicant reside?			
Who has authority to make legal and financia	l decisions	for this student?	
IF CHILD DOES NOT LIVE WITH B	ΟΤΗ ΒΙΟΙΟ	ICAL PARENTS IN C	ONE HOUSEHOLD,
PLEASE FILL OUT TH			ON:
Step-Father Step-Mother	🗌 Other		
Name:			
Home Phone:	Ce	ell Phone:	
Permission to share applicant's information			
🗌 Yes 🗌 No			
(A) PARENT / GUARADIAN INFORMA	TION		
Father/Le	gal Guardia	in Moth	er/Legal Guardian
First & Last Name:			
Home Address:			
City/State/Zip:			
Preferred Phone Number:			



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Name of Student: ____

(A) PARENT / GUARADIAN INFORMATION CONTINUED

	Father/Legal Guardian	Mother/Legal Guardian
Home (Own/Rent)		
Monthly Mortgage/Rent		
Highest level Education		
Current Employer		
Business Address		
City/State/Zip Job Title		
Length of Employment**		
Monthly (take home) Salary		
**If length of em	ployment is less than two (2) years, pl If over two (2) years, please skip to S	-
Previous Employer		
Business Address		
City/State/Zip		
Job Title		
Length of Employment**		
Monthly (take home) Salary		

(B) ADDITIONAL FAMILY INFORMATION

How many children, including the applicant, will be receiving support from you this year?

Full Name	Current School	Grade	Age	Monthly cost of child care, pre-school or college tuition

. .. .



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Name of Student: _

(C) ASSETS/DEBTS/EXPENSES

Vehicles	
Make/Model/Year	Own 🗆 Lease Monthly Pymt
Make/Model/Year	Own 🗆 Lease Monthly Pymt
Make/Model/Year	🗌 Own 🗌 Lease Monthly Pymt
Boats or Other Recreational Vehicles	
Make/Model/Year	Own Lease Monthly Pymt
Make/Model/Year	Own 🗆 Lease Monthly Pymt
Financial Information:	
Estimated balance of all household checking/savings ad	ccounts:
Estimated balance of 401K, IRA, CDs or other investme	nt/retirement accounts:
Do you receive any form of alimony or child support \Box	Yes 🗌 No Monthly Amount
Other monthly household or childcare expenses paid b	y ex-spouse:
Monthly welfare benefits, veterans benefits or worker?	s compensation:
Do you have a second mortgage or equity loan on the h	nome in section (A)?: \Box Yes \Box No
If so, balance owed on loan(s):	
Monthly payment for medical/dental expenses:	
Monthly credit card debt payments:	
Monthly household expenses:	
Monthly cost of camps, lessons and other extra-curricu	lar activities for student:
Other monthly debt payments not listed above:	
Other monthly income receipts not listed above:	
Please explain any balance listed in "Other Debt" or "O	ther Revenue" lines listed above:



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(D) Please use this space to explain your current financial situation and your need for <u>scholarship assistance. (Be specific!)</u>

(E)	Parent Certification and Authorization	
7=1		

I (We) declare that the information presented on this application is true, correct and complete, to the best of my (our) knowledge. (We) recognize that intentionally providing false or misleading information may impact my (our) ability to receive any financial aid and/or my (or) ability to enroll my (our) student in Chatham Academy. I (We) acknowledge that the information herein may be independently verified and I (we) understand that said verification may include the disclosure of personal and financial information to third parties outside Chatham Academy. I (We) understand that this application is for information purposes and submitting this application does not in any way guarantee that my (our) student will receive a scholarship award from Chatham Academy.

Parent/Guardian A:		
	Signature	Date
Parent/Guardian B:		
	Signature	Date

I am aware that this program is not licensed by the State of Georgia, and that the program carries liability insurance.



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Name of Student:

Items to be submitted with application. For BOTH Parents/Guardians

- 1. Copy of four (4) most recent pay stubs.
- 2. Copy of most current year IRS tax return and schedules
- 3. Copy of Worker's compensation Determination (if applicable)
- 4. Copy of Welfare Determination (*if applicable*)
- 5. Copy of Veterans Benefits Determination (if applicable)

Amount of tuition parent can pay each month:

Put the maximum amount. Justified by amount in the narrative on page 4.

Royce Learning Center/Chatham Academy scholarship consideration will be reviewed on an equal basis regardless of sex, age, race, ethnicity, nationality, sexual orientation, gender identity, or disability.

FOR FINANCE REVIEW ONLY

Completed Scholarship Application	
Name	Date
Complete copies of required documentation:	
Name	Date
Application Reviewed By: Name	Date
Amount Approved:	
Approved By:	
Name	Date