



Chatham Academy Scholarship Application

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 amount of 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: ____ / ____ / 20____

For School Year: _____

Name of Student: _____
Last First Middle

Present Grade: _____ Birthdate: ____ / ____ / ____ Age: _____

Address: _____

City State Zip

Telephone: (____) _____ Email: _____

(A) PARENT / GUARDIAN INFORMATION

Mother/Legal Guardian

Father/Legal Guardian

First & Last Name _____

Monthly Mortgage/Rent Amount _____

Own Rent

Own Rent

Highest Level Education _____

Current Employer _____

Job Title _____

Business Address _____

City, State, Zip _____

Length of Employment** _____

Monthly (take home) Salary: _____

****If length of employment is less than two (2) years, please complete next section.
If over two (2) years, please skip to Section B.**



Chatham Academy Scholarship Application – Page 2

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Name of Student: _____

(A) PARENT / GUARADIAN INFORMATION CONTINUED

Mother/Legal Guardian

Father/Legal Guardian

Previous Employer	_____	_____
Job Title	_____	_____
Business Address	_____	_____
City/State/Zip	_____	_____
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, School College Tuition
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(C) ASSETS/DEBTS/EXPENSES

Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____
Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____
Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____

Boats or Other Recreational Vehicles

Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____
Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____
Make/Model/Year _____	<input type="checkbox"/> Own <input type="checkbox"/> Lease	Monthly Pymt _____



Chatham Academy Scholarship Application – Page 3

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Name of Student: _____

(C) ASSETS/DEBTS/EXPENSES CONTINUED

Financial Information:

Estimated balance of all household checking/savings accounts: _____

Estimated balance of 401K, IRA, CDs or other investment/retirement accounts: _____

Do you receive any form of alimony or child support Yes No Monthly Amount _____

Name & Relationship of person having authority to make legal and financial decisions for this student:

Who is responsible for payment of education expenses? _____

Other monthly household or childcare expenses paid by ex-spouse: _____

Amount of unemployment benefits received: _____

Do you have a second mortgage or equity loan on the home in section (A)?: Yes 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-curricular 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 "Other Revenue" lines listed above:

Amount of tuition parent can pay each month: _____

Put the maximum amount. Justified by the following:

**(D) Please use this space to explain your current financial situation and your need for scholarship assistance.
(Be specific!) Please use back and/or attach an additional sheet if needed.**



Chatham Academy Scholarship Application – Page 4

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Name of Student: _____

(E) Parent Certification and Authorization

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 (our) 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:

Your Printed Name: _____

Signature: _____

Date: ____ / ____ /20 ____

Parent/Guardian B:

Your Printed Name: _____

Signature: _____

Date: ____ / ____ /20 ____

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)*
6. Copy of Unemployment Benefits

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.

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

Please send a completed copy to Head of School, Laci Culbreth, at:

lculbreth@ChathamAcademy.com

4 Oglethorpe Professional Blvd. | Savannah | GA | 31406

ChathamAcademy.com | 912.354.4047

FOR FINANCE REVIEW ONLY

Completed Scholarship Application Verified By: _____

Date: ____ / ____ /20 ____

Completed Copies of Required Documentation Verified By: _____

Date: ____ / ____ /20 ____

Application Reviewed By: _____

Date: ____ / ____ /20 ____

Amount Approved: _____

Date: ____ / ____ /20 ____

Approved By: _____

Date: ____ / ____ /20 ____