



# 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 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 Middle

Present Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

## **(A) PARENT / GUARADIAN INFORMATION**

Mother/Legal Guardian

Father/Legal Guardian

First & Last Name \_\_\_\_\_

Monthly Mortgage/Rent  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.**



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Name of Student: \_\_\_\_\_

(A) PARENT / GUARADIAN INFORMATION CONTINUED

Mother/Legal Guardian

Father/Legal Guardian

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, School or College Tuition

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(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 \_\_\_\_\_
Make/Model/Year \_\_\_\_\_ [ ] Own [ ] Lease Monthly Pymt \_\_\_\_\_

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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? \_\_\_\_\_

What is stated in divorce agreement or court documents? \_\_\_\_\_

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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Name of Student: \_\_\_\_\_

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 attach an additional sheet if needed.

Multiple horizontal lines for writing the explanation.

(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: \_\_\_\_\_ 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.

SAIS & Cognia Accredited



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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)
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.

FOR FINANCE REVIEW ONLY

Completed Scholarship Application Name Date

Completed copies of required documentation: Name Date

Application Reviewed By: Name Date

Amount Approved: \_\_\_\_\_

Approved By: Name Date

Please Send A Completed Copy To:

Attention: Carolyn Hannaford
4 Oglethorpe Professional Blvd.
Savannah, GA 31406

channaford@chathamacademy.com

912.354.4047