



CALLEVA SCHOLARSHIP APPLICATION
 Mail to: 13015 Riley's Lock Rd. Poolesville, MD 20837
 Or Fax to: 240-238-5648
 www.calleva.org

Participant Information:

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|---------------------|------------|
| First Name: | Last Name: |
| DOB: | Age: |
| Grade (as of June): | Gender: |

Parent/Legal Guardian Information:

| | |
|--------------------------------------------------------------------------------|-------------------------------------------|
| Parent 1 Full Name: | Parent 2 Full Name: |
| Address: | Address: |
| Apt #: | Apt #: |
| City/State/Zip: | City/State/Zip: |
| Daytime Phone: | Daytime Phone: |
| Email: | Email: |
| Employer: | Employer: |
| (Circle) Full Time, Part Time, Unemployed | (Circle) Full Time, Part Time, Unemployed |
| Years with Employer: | Years with Employer: |
| Current Annual Salary: | Current Annual Salary: |
| Total Annual Household Income (if living separately, include both incomes): \$ | |
| Number of people supported by total income: | |
| Number of dependent children in family: | |

Scholarship Request:

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|-------------------------------------------------------------------------------------------------------------------------------------|
| Fill out Registration & calculate total # of weeks attending: _____ and total costs: \$ _____ Requesting option: a. b. c. d. |
| a. Markoff Haunted Forest Partial Scholarship: Number of weeks requested _____ x \$100(deposit) = \$ _____ (total) |
| b. Markoff Haunted Forest Full Scholarship: Number of weeks requested _____ x \$0(deposit) = \$ _____ (total) |
| c. Hal Magelby Scholarship: High Adventure: _____ (circle) <u>deposit</u> or <u>cost</u> -Call Office for price. |
| d. We are able to pay the following % of the total program cost (please circle): 10% 25% 50% 75% other% |

Reason for scholarship request or other special circumstances that should be considered:

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(Use other side of this page if necessary.)

This Scholarship Form must be accompanied with

- 1) **Registration**
- 2) **Letter from participant explaining why he/she wants to go to Calleva...**

I verify that the above information is complete and accurate. I understand that this information will be presented to the scholarship directors in order to make scholarship award decisions. I understand that the directors may request additional documentation, including but not limited to any W-2s and federal income tax returns in order to independently verify the information I presented above.

Signature of Parent/Guardian

Date

All information provided on this application will be kept confidential. Calleva does not discriminate on the basis of race, sexual orientation, religion, family, or national origin in the administration of scholarship, financial aid, and programming.