



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.

Royce Collegiate Institute 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

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: _____ Mother/Legal Guardian: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

With whom does the applicant reside? _____

Who has authority to make legal and financial decisions for this student? _____

**IF CHILD DOES NOT LIVE WITH BOTH BIOLOGICAL PARENTS IN ONE HOUSEHOLD,
PLEASE FILL OUT THE FOLLOWING INFORMATION:**

Step-Father Step-Mother Other

Name: _____

Home Phone: _____ Cell Phone: _____

Permission to share applicant's information with the above person.

Yes No

(A) PARENT / GUARADIAN INFORMATION

Father/Legal Guardian

Mother/Legal Guardian

First & Last Name: _____

Home Address: _____

City/State/Zip: _____

Preferred Phone Number: _____



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

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 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: _____

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

Monthly welfare benefits, veterans benefits or worker's compensation: _____

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

(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 (or) ability to enroll my (our) student in Royce Collegiate Institute. 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 Royce Collegiate Institute. 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 Royce Collegiate Institute.

Parent/Guardian A: _____ Date _____
Signature

Parent/Guardian B: _____ Date _____
Signature

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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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/Royce Collegiate Institute 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