



The CHARLTON School

322 Lake Hill Road/PO Box 47
Burnt Hills, NY 12027
518-399-8182
TheCharltonSchool.org

CHARLTON LOAN and SCHOLARSHIP PROGRAM (C.L.A.S.P) APPLICATION

(Please print or type)

Date of Application _____

New Application

Name: _____

Date of Birth: _____

Address: _____

City State Zip

Date of Graduation _____
From Charlton School

Phone _____ E-mail: _____

College/School Enrolled/Applied to: _____

Course of Study you plan to follow: _____

Contact Person at College/School: _____

Phone # _____

Accepted into College/School Yes No

If not, what is the status of your application? _____

Total College Credits earned so far: _____ Credits signed up for this semester: _____

Current GPA (if applicable): _____

Anticipated Graduation Date: _____

Amount of money you are applying for is: \$ _____

Applied to which Semester (FALL) _____ (WINTER) _____ (SPRING) _____ (SUMMER) _____

How do you intend to use this Loan/Scholarship grant: _____

Provide a brief update of the progress you have made in the last year and answer the following:

1. Are you working? Is the job in the field of your studies ?
2. What is your current work history?
3. Describe some of your accomplishments this year?
4. Describe some of your struggles this past year?
5. Describe any community service or volunteer work
6. Describe any financial hardships that limit the funding for your education.

FOR EXECUTIVE COMMITTEE APPROVAL

Application Reviewed on ____/____/____

APPLICATION APPROVED [____]

SCHOLARSHIP GRANT \$_____

APPLICATION NOT APPROVED [____] Reason

Additional Comments: