



The CHARLTON School

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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:

FOR EXECUTIVE COMMITTEE APPROVAL

Application Reviewed on ____/____/____

APPLICATION APPROVED [____]

SCHOLARSHIP GRANT \$ _____

APPLICATION NOT APPROVED [____] Reason

Additional Comments:
