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| **CASTEEL HIGH SCHOOL**  **AP SCHOLARSHIP APPLICATION 2024-2025** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | |  | **ID#:** |  | **GRADE:** | Choose an item. | |
|  | | **LAST** | **FIRST** |  |  |  | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | List ALL the AP courses you are currently enrolled in: |  |  |  |
|  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |
|  |  | Choose an item. |  | Choose an item. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2. | List the AP courses you are concurrently enrolled in Dual Enrollment (please  attach proof of payment): |  |  |  |
|  | Choose an item. |  | Choose an item. |
|  | Choose an item. |  | Choose an item. |
|  | Choose an item. |  | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
| 3. | Total dollar amount for above exams: | **$** | |
|  | ($100.00/exam, AP Seminar $150.00) | |  |
|  |  |  | |
| 4. | Total Student contribution:  ($50.00 minimum/exam) | **$** | |
|  |  | |
| 5. | Amount of Support requesting: | **$** | |

***\*\* By signing this form, the student and parent/guardian agree that the student will attend exam review sessions provided by Casteel High School AP Teachers. Students may miss only one review session for each subject area. If a student does not sit for the exam, he/she must pay the return fee of $40.00 for the exam.***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Student Signature:** |  | **Date:** |  | | | **Parent/Guardian Signature:** |  | **Date:** |  | | |  |  |  |  | |

**OFFICE USE ONLY BELOW**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Student approved for financial aid | | $ | |
|  | Student NOT approved for financial aid | | |
|  | | ***Total Amount Due:*** | | | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Administrator Signature:** |  | **Date:** |  |

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| --- |
| IN ORDER TO BE CONSIDERED FOR FINANCIAL AID, YOU MUST EMAIL THE COMPLETED FORM TO MRS. BROWN – brown.mickey@cusd80.com BY **October 11, 2024.** |