

# Scholarship Application Form

Georgia Student Scholarship Organization (SSO), Inc.

Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Student's Name \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

School Name \_\_\_\_\_

**Please check one box:**

The student is a Georgia resident enrolled in a Georgia secondary or primary public school or eligible to enroll in a qualified first grade, kindergarten program or pre-kindergarten program.

The student has previously been eligible for the program.

Families may apply for a scholarship once the student has been accepted to the private school they expect to attend.

\_\_\_\_\_  
Parent or Guardian's Signature Date

**Return completed application to the school.**

Georgia Student Scholarship Organization

P.O. Box 1752

Cumming, GA 30028

[gassoinc@bellsouth.net](mailto:gassoinc@bellsouth.net)

School use only

Scholarship Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Please let us know who you have encouraged to contribute to the program:

- 1.
- 2.
- 3.
- 4.

- 5.
- 6.
- 7.
- 8.