Scholarship Application Form – Calendar Year 2012

Georgia Student Scholarship Organization (SSO), Inc.

Parent's Name _____

(Please print legibly for accurate scholarship payment)

Home Address _____

_____

Telephone Number _____

Student's Name _____

Student's Date of Birth _____

School Name and City _____

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

School use only – Calendar year 2012 Awards

Scholarship Amount:_____ Approved by:_____ Date:_____

Scholarship Amount:_____ Approved by:_____ Date:_____

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