

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 box: The student is a Georgia resident enrolled in a Georgia secondary or primary public school or eligible to enroll in a qualified kindergarten program or pre-kindergarten 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

Scholarship Amount: _____ Approved by: _____ Date: _____