

# 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.

Please let us know who you have encouraged to give to this scholarship program.

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

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:  
Georgia Student Scholarship Organization  
107 Colony Park Drive, Suite 100  
Cumming, GA 30040  
[georgiasso@hotmail.com](mailto:georgiasso@hotmail.com)

School use only
Scholarship Amount: _____ Approved by: _____ Date: _____