

Scholarship Application Form

Georgia Student Scholarship Organization (SSO), Inc.

Parent Name*

*Parent listed here will have to come into the AIA office to co-sign the check

Home Address

Telephone Number

Student's Name

Student's Date of Birth

School Name

Alpharetta International Academy

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:
Georgia Student Scholarship Organization
PO Box 1752
Cumming GA 30028
georgiasso@hotmail.com

School use only

Scholarship Amount: _____ Approved by: _____ Date: _____ Check Received: _____/_____

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