

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

**School use only**

Scholarship Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Check Received: \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Scholarship Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Check Received: \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_

Scholarship Amount: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Check Received: \_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_