

PARENTS/GUARDIANS: PLEASE SUBMIT THE APPLICATION TO THE SCHOOL.

**St. John the Evangelist Catholic School
Georgia Student Scholarship Organization
Scholarship Application Form**

COMPLETE ONE APPLICATION PER STUDENT. PLEASE PRINT OR TYPE CLEARLY.

For School Year: 2022-2023

Grade in August 2022: _____

Gender: Male Female

Student Name: _____

Catholic school applied to: _____ City: _____

School attended in 2021-2022: _____ City: _____

Student's Address: _____

The address on the proof of Georgia residence must match the Student's Address.

City, State, Zip: _____

Parent/Guardian Name(s): 1. _____ 2. _____

Please print or type clearly

Please print or type clearly

Parent/guardian #1 should be the parent/guardian with the best daytime availability to go to the school to sign documents.

Telephone: _____ E-mail: _____

CERTIFICATION

By my/our initial(s) and signature(s), I/we affirm and certify that the following statements are true and correct:

_____ **For all students.** I/we are the parent(s) or guardian(s) of the above referenced student. This student resides with me/us in the State of Georgia. I/we have attached **proof of residence which documents residency at the address given above.** (Acceptable proofs of residence include a copy of a parent/guardian's Georgia driver's license or other form of government issued photo ID card, a recent utility bill, rent receipt, or voided check with address.) **The address on the proof of Georgia residence must match the Student's Address.**

_____ **For all students.** I/we have submitted an application (including tax documents) to the financial aid company used by the school to determine calculated financial need, and the school has received **evidence of the financial aid application.**

_____ **For students entering 2nd grade or above and transferring from a public school.** The student referenced above is transferring directly from a Georgia public school. I/we have attached a copy of the student's public school transcript or latest report card as **evidence of public school attendance.** (Transcript or report card should show school's name and address and name of school system.)

_____ **For students entering 2nd grade or above seeking exemption from public school transfer rule.** The exemptions are listed below. I/we will cooperate with the school to provide information and documentation regarding an exemption for my/our child.

- Student is receiving assistance from GRACE or another student scholarship organization (SSO).
- Student has been home schooled for a year or more.
- Student is zoned to attend a low performing public school.
- Student was subject to physical violence and/or verbal abuse at a Georgia public school.

Signature of parent/guardian 1: _____ Date: _____

Signature of parent/guardian 2: _____ Date: _____

For school use. Date received:

_____ Proof of Georgia residence

_____ Proof of public school attendance (2nd grade and above)

_____ Proof of exemption from public school transfer rule (2nd grade or above)

_____ Evidence that financial aid application has been submitted

_____ Calculated financial need

Revision date: 9/23/21