

GEORGIA AL

SCHOLARSHIP PROGRAM, INC.

Georgia GOAL Scholarship Program Tuition Assistance Application

Georgia GOAL Scholarship Program, Inc. does not accept scholarship applications directly. Parents desiring to apply for a scholarship should complete the following information and submit it directly to **"Tonja Y. Strong"** at **"Greenforest - McCalep Christian Academy"** While completion and submission of this form does not guarantee receipt of a GOAL Scholarship, it is the initial step in the process. In awarding scholarship funds, **"Greenforest - McCalep Christian Academy"** will work closely with its existing tuition assistance office and scholarship committee.

To qualify for receipt of a GOAL Scholarship, a student must be a Georgia resident who is currently enrolled in, and has attended a Georgia secondary or primary public school for a least 6 weeks* immediately prior to receiving a scholarship or tuition grant under this law, or who is eligible to enroll in a qualified Pre-K4, Kindergarten, or 1st grade program.

*The six week attendance requirement may be waived in the following cases:

1. A student is or would be assigned to a public school that the Office of Student Achievement determines to be a low-performing school based on the school attendance zone of his or her primary residence, or
2. A student is the subject of officially documented cases of school based physical violence or student related verbal abuse threatening physical harm, or
3. A student was enrolled in an official home study program for at least one year immediately prior to receiving a scholarship or tuition grant under this law.

Student Name: _____

Date of Birth: _____

Applying for Grade: _____

Parent(s) or Guardian(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

We understand that we are authorizing **"Greenforest - McCalep Christian Academy"** to verify any of the information in this tuition assistance application and understand that all information is subject to investigation. We declare that the information represented on this form, to the best of our knowledge and belief, is true, correct, and complete.

Signature of Parent(s) or Guardian(s)

Date

Information and Documentation Required

GOAL requires the following to be submitted to " **Greenforest - McCalep Christian Academy** " to process the request for scholars funding:

- 1) Proof of Income:
 - a. Federal Tax Return (pages 1-2)
 - b. Do you have any non-taxable income, including any of the following? If so, please list the amounts below:
 - Annual Child Support Received _____
 - i. Annual Workers' Compensation Received _____
 - ii. Annual Allowances Received for Housing, Food & Living Expenses _____
 - iii. Other Annual Untaxed Income & Benefits _____
- 2) Proof of Eligibility:
 - a. Proof of Public School Enrollment (report card)
 - b. Birth Certificate (only applicable to students eligible for Pre-K4, Kindergarten, or 1st grade)
 - c. Proof of Another HB 1133 Scholarship Award
 - d. Proof of Home School or Low-Performing Public School
- 3) If desired, any additional supporting documentation to demonstrate the need for tuition assistance

Please explain any current financial conditions which differ from that reported on your latest Federal Income Tax Return. Use the reverse side, if needed.

Applicants receiving a GOAL Scholarship must reapply via the school on a yearly basis for consideration. Funds are awarded each year based on need and availability. GOAL Scholarship recipients must maintain academic and behavioral standards set forth by Greenforest – McCalep Christian Academy.

If further assistance is needed, contact "Tonja Y. Strong" at "404-486-6744". To learn more about the Georgia GOAL Scholarship Program, please visit www.goalscholarship.org.

"Greenforest – McCalep Christian Academy" admits students of any race, color, and national or ethnic origin.



Proof of Attendance in Low-Performing School Zone

The Georgia Private School Tax Credit Law (O.C.G.A. § 20-2A-1 through § 20-2A-7) allows student scholarship organizations (SSOs) to provide scholarships for eligible students to attend accredited private schools. House Bill 283 (2013) waived the enrollment and six-week public school attendance eligibility requirements if students would be assigned to a "low-performing school" if they attended a public school. The bill also requires the Governor's Office of Student Achievement (GOSA) to determine a list of "low-performing schools" for this specific purpose.

For the purposes of House Bill 283, GOSA defines a "low-performing school" as a school that has a College and Career Ready Performance Index (CCRPI) score that falls at or below the 25th percentile in its grade cluster (Elementary, Middle, and High School clusters).

Based on 2018-2019 CCRPI scores, schools with the following scores are "low-performing schools" for the purposes of this law (Updated December 2, 2019):

- Elementary Schools: 2018-2019 CCRPI score of 66.1 or less
- Middle Schools: 2018-2019 CCRPI score of 66.3 or less
- High Schools: 2018-2019 CCRPI score of 66.2 or less

To find a school's CCRPI score, go to the Georgia Department of Education's (GaDOE) [2019 College and Career Ready Performance Index \(CCRPI\) Reports](#) and search for the school. Compare the school's score to the numbers above to determine if that school is considered a "low-performing school" for the purposes of SSO eligibility.

Name of Student: _____

Name of Parent / Guardian: _____

Address (City, State, Zip): _____

Phone: _____ E-mail: _____

Name of public school to which student is assigned based on *residence:

CCRPI Score of public school: _____

***Please include proof of residence with this form. Examples include: driver's license, utility bill, tax return, bank statement, car registration, etc. The documentation must show your name and current address.**

CERTIFICATION:

By signing this form, I attest to the fact that the above Student would be assigned to a "low-performing school" if they attended a public school.

Signature of Parent / Guardian

Date



Proof of GOAL Scholarship for Transferring of Eligibility

Name of Student: _____

Name of Parent / Guardian: _____

Address (City, State, Zip): _____

Phone: _____ E-mail: _____

Name of School Student previously attended on GOAL Scholarship:

Name of School to which Student will be transferring GOAL eligibility:

CERTIFICATION:

By signing this form, I attest to the fact that the above Student received a GOAL Scholarship to attend a GOAL participating private school, and is transferring his/ her scholarship eligibility to a different GOAL participating private school.

Signature of Parent/ Guardian

Date