



# Georgia Christian School

One Life at a Time for Over 100 Years

4359 Dasher Road, Valdosta, Georgia 31601  
Phone: 229.559.5131  
www.georgiachristian.org

## 2025-2026 academic year

### SCHOLARSHIP - COVER SHEET

Any student(s) applying for scholarship is subject to the following guidelines:

1. An application for scholarship/financial aid must have complete information on both the student and parent/guardian.
2. A scholarship can't be applied to delinquent tuition.
3. Scholarships will be revoked for excessive absences, behavioral probation, and after two consecutive nine week grading periods on academic probation.
4. Parent/guardian **must** submit page 2 of the 2024 Georgia State Form 500 for verification of dependents and adjusted gross income (AGI).
5. The Georgia Christian School Scholarship Committee determines any exceptions on a case by case basis.
6. The student(s) applying for the scholarship must be a resident of Georgia.
7. All applicants must be enrolled in a GA public school for the 2025-26 school year, eligible to enroll in K4,K5 or 1st Grade, or eligible from previous year.

#### Household Information

Parent/Guardian A

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth mmdyy \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian B

Last name \_\_\_\_\_ First name \_\_\_\_\_

Address \_\_\_\_\_ Suite/Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth mmdyy \_\_\_\_\_

Email \_\_\_\_\_

#### Student Information

Complete this section for each child applying for a scholarship

Student A

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth mmdyy \_\_\_\_\_ Gender  M  F Grade student will enter in September 2025 \_\_\_\_\_

Student lives with: ( select one )  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

Student B

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth mmdyy \_\_\_\_\_ Gender  M  F Grade student will enter in September 2025 \_\_\_\_\_

Student lives with: ( select one )  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

Student C

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth mmdyy \_\_\_\_\_ Gender  M  F Grade student will enter in September 2025 \_\_\_\_\_

Student lives with: ( select one )  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

Student D

Last name \_\_\_\_\_ First name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Date of birth mmdyy \_\_\_\_\_ Gender  M  F Grade student will enter in September 2025 \_\_\_\_\_

Student lives with: ( select one )  Parent/Guardian A and B  Parent/Guardian A  Parent/Guardian B  Other

We, the undersigned, do certify that all of the information contained in the application is both true and accurate to the best of our knowledge.

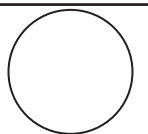
Signature \_\_\_\_\_ by  Parent/Guardian A  Parent/Guardian B Date mmdyy \_\_\_\_\_

For GCS Use Only

Received by: \_\_\_\_\_

2025 application #

Date: \_\_\_\_\_





# Georgia Christian School

*Academic Excellence in a Christian Environment*

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## 2025-2026 academic year

### SCHOLARSHIP - SELECTION CRITERIA

Any student(s) eligible for a scholarship will be evaluated based on the following guidelines:

- A. Need Request Narrative
- B. Financial need
- C. Participation in GCS service projects
- D. Number of Children attending GCS

#### **A** Need Request Narrative

PLEASE DESCRIBE IN DETAIL YOUR REASON FOR NEEDING THIS SCHOLARSHIP ASSISTANCE:

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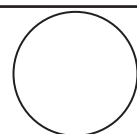
We, the undersigned, do certify that all of the information contained in the application is both true and accurate to the best of our knowledge.

Signature \_\_\_\_\_ by  Parent/Guardian A  Parent/Guardian B Date mmddyy \_\_\_\_\_

For GCS Use Only

Received by: \_\_\_\_\_

2025 application #



Date: \_\_\_\_\_



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## 2025-2026 academic year

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- B. Financial need
- C. Participation in GCS service projects
- D. Number of Children attending GCS

#### **B** Household Income

PARENTS COMBINED ADJUSTED GROSS INCOME PER 2024 IRS TAX FORMS \*:

- \$0 to \$39,999  
  \$40,000 to \$59,999  
  \$60,000 to \$79,999  
  \$80,000 to 99,999  
  \$100,000 to 119,999  
  \$120,000 and UP

\* Parent/guardian must submit verifiable proof of household income.

#### **C** GCS - Service Project Participation \*

\* Volunteers must be related to scholarship applicant.

##### VOLUNTEER #1:

Last name \_\_\_\_\_ First name \_\_\_\_\_

VOLUNTEER #1 PARTICIPATION DURING 2024-2025 ACADEMIC YEAR (OR COMMITMENT FOR 2025-26 ACADEMIC YEAR):

- CONCESSIONS  
  BUILDING / GROUNDS RENOVATIONS  
  CAFETERIA  
  VOLUNTEER COACHING  
 VOLUNTEER IN LIBRARY  
 GROUNDS MAINTENANCE  
 OTHERS: \_\_\_\_\_

##### VOLUNTEER #2:

Last name \_\_\_\_\_ First name \_\_\_\_\_

VOLUNTEER #2 PARTICIPATION DURING 2024-2025 ACADEMIC YEAR (OR COMMITMENT FOR 2025-26 ACADEMIC YEAR):

- CONCESSIONS  
  BUILDING / GROUNDS RENOVATIONS  
  CAFETERIA (Sunday Lunches)  
  VOLUNTEER COACHING  
 VOLUNTEER IN LIBRARY  
 GROUNDS MAINTENANCE  
 OTHERS: \_\_\_\_\_

#### **D** Children Attending GCS \*

\* This number must include the scholarship applicants.

CHILD A	<input type="checkbox"/> K3	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K4 HALF DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8	<input type="checkbox"/> GRADES 9 to 12
CHILD B	<input type="checkbox"/> K3	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K4 HALF DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8	<input type="checkbox"/> GRADES 9 to 12
CHILD C	<input type="checkbox"/> K3	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K4 HALF DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8	<input type="checkbox"/> GRADES 9 to 12
CHILD D	<input type="checkbox"/> K3	<input type="checkbox"/> K4 FULL DAY	<input type="checkbox"/> K4 HALF DAY	<input type="checkbox"/> K5	<input type="checkbox"/> GRADES 1 to 5	<input type="checkbox"/> GRADES 6 to 8	<input type="checkbox"/> GRADES 9 to 12

We, the undersigned, do certify that all of the information contained in the application is both true and accurate to the best of our knowledge.

Signature \_\_\_\_\_ by  Parent/Guardian A    Parent/Guardian B   Date mmdyy \_\_\_\_\_

For GCS Use Only

Received by: \_\_\_\_\_

2025 application #

Date: \_\_\_\_\_

