



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

2026-2027 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 2025 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 2026-27 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 2026 _____

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 2026 _____

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 2026 _____

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 2026 _____

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.

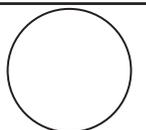
Signature _____ by Parent/Guardian A Parent/Guardian B Date mmdyy _____

For GCS Use Only

Received by: _____

Date: _____

2026 application #





Georgia Christian School

Academic Excellence in a Christian Environment

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2026-2027 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

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 2025-2026 ACADEMIC YEAR (OR COMMITMENT FOR 2026-27 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 2025-2026 ACADEMIC YEAR (OR COMMITMENT FOR 2026-27 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 mmddyy _____

For GCS Use Only

Received by: _____

2026 application #

Date: _____

