



**Strong Rock Christian School**  
**Application for Georgia GOAL Scholarship**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ Former Public School: \_\_\_\_\_

Parents: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like to apply for the Georgia GOAL Scholarship for my child, who is currently attending public school or is entering Kindergarten. I understand that the award of the Georgia GOAL Scholarship is not related to and has no bearing on tuition assistance with the school. Receipt of this scholarship does not guarantee receipt of other forms of financial aid.

Parent Signature: \_\_\_\_\_