



McGINNIS WOODS
Country Day School

Application Form for Georgia Tax Tuition Scholarship

Parent's Name _____

Home Address _____

Telephone Number _____

Names of child(ren) applying for the scholarship:

_____ date of birth _____

_____ date of birth _____

Please check box if: The student is a Georgia resident enrolled in a Georgia secondary or primary school or eligible to enroll in a qualified kindergarten program or pre-kindergarten program.

Parent or Guardian's Signature

date

School use only

Scholarship Amount:

Approved by:

date: