Vidalia Heritage Academy Tax Credit Scholarship Application

Student's Name:				
Student's D.O.B.:	(mm/dd/yyyy)	Grade:	_ □ New Student	☐ Returning Student
Address:			_	
City:	State:	Zip Co	ode:	
Parent/Guardian's Name:				
Parent/Guardian's Email:				
Verify Email:			-	
Parent/Guardian's Cell Phone:_			-	
Parent/Guardian's AGI as repor	ted on most recently file	d Federal Tax Ret	urn: \$	
☐ In lieu of a specific AGI, we	'll be placed in the high i	ncome category for	or the lowest schol	arship award amount
Annual income from other sour	ces not included in Parer	nt/Guardian's Fede	eral AGI: \$	
Total size of family living in the	e home:			
Scholar	ship Eligibility Require	ements - Check A	ll That Apply	
Student:				
☐ Is a Georgia resident and is l	ess than 20 years of age			
☐ Is eligible to be enrolled in P	re-K, Kindergarten, or F	irst Grade		
☐ Has previously received a Go	eorgia Tax Credit Schola	rship and continuo	ously remained in 1	private education
☐ Attended a Georgia public so in a Georgia private school	chool for at least six (6) v	weeks prior to appl	lying for a scholars	ship and enrolling
☐ Participated in a home school for a scholarship and enrolling in		•	at least one (1) yea	r prior to applying
☐ Is zoned for a Georgia public school that the Office of Student Achievement deems as low-performing				
☐ Has official documentation of	of being the subject of scl	hool based physica	al violence	
☐ Has official documentation of	of being the subject of stu	ident related verba	l abuse threatening	g physical harm
I attest that the information provid I acknowledge that Vidalia Herita sources of income and misrepreser considered fraud. Further, I agree	ge Academy is required to a nting my income for the put	consider the financi rpose of receiving a	al need of applicant nd/or increasing a s	s based on all cholarship award is
Parent/Guardian:			Da	ite: