



**GADA-GOAL SCHOLARS FUND
2023-24 APPLICATION**

GADA-GOAL Scholars Fund

PURPOSE

The purpose of the GADA-GOAL Scholars Fund is to provide private school tuition grants to deserving Georgia families seeking improved educational opportunities for their children in grades 4 – 12.

AWARDS

Each recipient's award amount will be determined based upon the tuition rate at their chosen private school and upon their family's demonstrated need. Awards are provided for the upcoming 2023-24 academic year only. Applications must be resubmitted for each subsequent academic year, and there is no guarantee of renewal. **No GADA-GOAL award for an individual student may exceed \$6,000 per academic year.**

ELIGIBILITY – NEW APPLICANT

For an applicant to be considered, the following criteria must be met:

- Applicant must currently reside in Georgia;
- Applicant must be currently enrolled in and attending a Georgia public school;
- Applicant must be entering primary or secondary grades 4 through 12 for the 2023-24 school year;
- Applicant must have been accepted and sponsored by a GOAL participating private school.

Your application will not be considered complete, and you will not be eligible to be selected for a scholarship, unless the following items are included with your application:

- Read the application carefully and complete ALL sections.
- Applicants should complete and submit the **“Student Questionnaire”** as part of the application. (Parents may assist young children with this section.)
- Parent or Guardian must complete the **“Family Member Questionnaire”** as part of the application.
- A representative of the Sponsoring GOAL Participating School must complete the **“Character Recommendation Form.”**
- For a NEW student entering 4th - 12th grade, include a copy of the child's most recent Georgia public school report card showing at least one grading period.
- For ALL people currently living in your home who filed a 2022 Federal Tax Return, include pages 1 & 2 of Form 1040.
- Include documentation of TOTAL YEARLY AMOUNTS of all Non-Taxable income received in 2022.
- Include any additional letters of explanation needed to provide all information necessary for GOAL to make a scholarship award decision.
- A parent / guardian must sign the last page of the application.

SELECTION CRITERIA

Awards will be based on the application information and supporting documentation provided. **For consideration, all 2023-24 GADA-GOAL applications and supporting documentation must be received in the GOAL office by Monday, April 10, 2023.**

NOTIFICATION PROCESS

All applicants will be notified of the GADA-GOAL scholarship award decisions by **Monday, May 8, 2023.**



GADA-GOAL Scholars Fund

2023-24 Application

SPONSOR GOAL SCHOOL

Name of School:	County in which school is located:
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1. STUDENT INFORMATION

First Name:	Last Name:
Name and county of school attended 2022-23:	Type of school attended 2023-24: <input type="checkbox"/> Public <input type="checkbox"/> Virtual <input type="checkbox"/> Charter <input type="checkbox"/> Private (Returning GADA-GOAL Recipient)
Grade student entering in August 2023:	Tuition:
Race: <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Not Responding	
Gender of student: <input type="checkbox"/> Male <input type="checkbox"/> Female	Student's Date of Birth (MM/DD/YYYY)

2. PARENT/GUARDIAN "A" LIVING WITH STUDENT

This individual will be required to endorse the scholarship check.

Check One: Father Mother Grandparent Aunt/Uncle Other Adult

First Name:	Last Name:	
Address: (must be street address – P.O. Box unacceptable)		
City:	State*:	Zip:
Phone Number:	Email:	

*Please note that all GADA-GOAL scholarship applicants are required to reside in the state of Georgia.

3. PARENT/GUARDIAN "B" LIVING WITH STUDENT

This individual is NOT required to endorse the scholarship check.

Check One: Father Mother Grandparent Aunt/Uncle Other Adult

First Name:	Last Name:
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4. HOUSEHOLD INFORMATION

1. Number of people who lived in your home during 2022:

Family Size: _____ Number of Adults: _____ Number of Children: _____

2. Is your household a single parent household? Check One: Yes No

3. Primary language spoken in your home: _____

4. Current marital status of Parent/Guardian "A":

Single Never Married Married Widowed Separated Divorced

Remarried Living with boyfriend/girlfriend/fiancé Other

5. List any additional parents not living in the home: _____

6. Does Parent/Guardian "A" and/or "B" receive child support for any children in the home? _____

5. INCOME/FINANCIAL RESOURCES

Include ALL income earned in 2022 for ALL people currently living in your home. For “Income Sources,” please provide YEARLY amounts only for the income sources that apply. Write N/A if you do not receive. ****Please note that this chart MUST be filled out completely and documentation showing EACH source of income must be attached to this application in order for it to be considered complete.****

Income Sources	Parent/ Guardian “A”	Parent/ Guardian “B”	Other Adults and Children
Adjusted Gross Income (if filing jointly, list total under Parent/Guardian “A”) <i>Attach first 2 pages of 2022 tax return.</i>			
Child Support <i>Document everything received in 2022.</i>			
Any Other Income Not Listed Above Please include Taxable & Nontaxable Income <i>Provide documentation or letter of explanation.</i>			

*****If NO ONE is claiming the student on a 2022 Tax Return, provide Guardianship Documentation (copy of divorce decree or other court document showing with whom the child lives).*****

6. SWORN STATEMENTS FOR IRS DID NOT FILE

Did all adults residing in your home file (or were they claimed on) a 2022 Federal Tax Return?

- Yes. Proceed to Section 8.
- No. Complete Section 7 for ALL adults who did not file a 2022 Federal Tax Return.

ATTENTION: This sworn statement will be accepted as documentation that you did not file a 2022 Federal Tax Return. However, you may be required to provide documentation verifying you Did Not File status later this year. ALL adults that claim Did Not File status and are not claimed on a 2022 Federal Tax Return submitted with this application must complete Section 7.

UNDER PENALTY OF PERJURY, I DECLARE UNDER OATH THAT I DID NOT FILE FOR THE 2022 TAX YEAR AND I UNDERSTAND THIS FORM ACTS AS MY VERIFICATION OF NON-FILING. I ALSO DECLARE UNDER OATH THAT ALL OF THE STATEMENTS HERE ARE TRUE AND COMPLETE.

I, _____, did not file a 2022 Federal Tax Return for the following reason (check one):

- I received no taxable income.
- My taxable income received was less than the amount required for filing with the IRS.
- Other (explain) _____

I was NOT required to file a 2022 Federal Income Tax Return. In place of a tax return, I have completed this notice and attached all income documentation.

Signature of person that did not file

Relationship to Parent/Guardian "A"

NOTE: Any false statement is a criminal offense.

7. UNUSUAL CIRCUMSTANCES

Check all that apply to your situation recently:

- Loss of job Recent separation/divorce Change in family living status Bankruptcy
- Change in work status Income Reduction Illness or injury Death in family
- Involuntary reduction in pay Other

Provide additional explanation of circumstances.

8. STUDENT QUESTIONNAIRE

So that we may get to know you better, please complete the following questionnaire.

Receiving the GADA-GOAL scholarship would be good for me because:

I would like to attend my chosen private school next year because:

My greatest strengths are:

The greatest hardship I have faced in my life is:

Please tell us anything else you feel we should know about you as a GADA-GOAL applicant.

Student Signature

9. FAMILY MEMBER QUESTIONNAIRE

So that we may get to know you better, please complete the following questionnaire.

FOR NEW STUDENT'S FAMILY MEMBER

I would like for my child to have the opportunity to attend a private school because:

Attending private school will change my child's future because:

Family Member Signature

10. CHARACTER RECOMMENDATION TO BE COMPLETED BY GOAL SCHOOL REPRESENTATIVE

APPLICANT NAME:

The applicant named above is a candidate for the GADA-GOAL Scholars Fund. The completion of this recommendation by an official at the GOAL participating school is a part of the program’s application process. The appraisal of this student will allow us to make a more realistic evaluation of him or her.

How long have you known the applicant and in what capacity?

Why do you feel this student is deserving of a GADA-GOAL Scholarship to attend your school?

Are there characteristics or circumstances (positive or negative) that may be relevant to the student’s performance in school? These may include strengths, talents, and capacities for leadership or difficult family circumstances.

To the best of your ability, please indicate the student’s relative strength in each of the following areas, by checking the appropriate boxes:

	One of the Best Ever	Excellent	Good	Average	Below Average
Motivation					
Commitment to Learning					
Responsibility					
Potential					
Self-Discipline					
Parental Support					

School Representative Signature

11. CERTIFICATION SIGNATURE(S)

THIS SECTION MUST BE COMPLETED FOR YOUR APPLICATION TO BE PROCESSED.

- I certify that the information provided on this application and all supporting documentation is true, correct and complete. I understand that if I give information that is not true, or if I withhold information and my child receives a scholarship for which they are not eligible, I can be lawfully punished for fraud, resulting in any scholarships awarded being denied or revoked.
- I understand the information I provide will be verified, and that I may be required to provide further information and/or documentation at the request of GOAL.
- I agree to follow the rules and responsibilities as they apply to the program as explained by GOAL on their website (www.goalscholarship.org).
- I agree to participate in an annual interview conducted by GOAL or its designated representatives for the purpose of sharing my story and experience as a “GADA-GOAL” Fund Scholarship recipient. This information may be used by GOAL in future reports, marketing materials or fundraising efforts.
- I understand if I am awarded a scholarship for the 2023-24 academic year, I am not automatically entitled to a scholarship for subsequent academic years.
- I understand this it is my responsibility to reapply for the GADA-GOAL scholarship each year if I accept a scholarship.
- I understand if I enroll my child in a private school before receipt of a signed GOAL Scholarship Agreement I will be responsible for his/her tuition and my child will not qualify for scholarship funding. I understand that the completion of this application does not guarantee scholarship funding.

Signature of Parent/Guardian “A”

Signature of Parent/Guardian “B”

Date