

**Crossroads Christian Academy**  
**Alyn Scholarship Application**

Student's Name: \_\_\_\_\_

Student's D.O.B.: \_\_\_\_\_ (mm/dd/yyyy)      Grade: \_\_\_\_\_     New Student     Returning Student

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

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Email: \_\_\_\_\_

Verify Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent/Guardian's Cell Phone: \_\_\_\_\_

Parent/Guardian's AGI as reported on most recently filed Federal Tax Return: \$ \_\_\_\_\_

I do not wish to disclose or furnish this information at this time.

Annual income from other sources not included in Parent/Guardian's Federal AGI: \$ \_\_\_\_\_

I do not wish to disclose or furnish this information at this time.

Total size of family living in the home: \_\_\_\_\_

**Scholarship Eligibility Requirements - Check All That Apply**

Student:

- Is a Georgia resident and is less than 20 years of age
- Is eligible to be enrolled in Pre-K, Kindergarten, or First Grade
- Has previously received a Georgia Tax Credit Scholarship and continuously remained in private education
- Attended a Georgia public school for at least six (6) weeks prior to applying for a scholarship and enrolling in a Georgia private school
- Participated in a home school program meeting State requirements for at least one (1) year prior to applying for a scholarship and enrolling in a Georgia private school
- Is zoned for a Georgia public school that the Office of Student Achievement deems as low-performing
- Has official documentation of being the subject of school based physical violence
- Has official documentation of being the subject of student related verbal abuse threatening physical harm

*I attest that the information provided is true and accurate for my child to be considered for a GA Tax Credit Scholarship. I acknowledge that Crossroads Christian Academy is required to consider the financial need of applicants based on all sources of income and misrepresenting my income for the purpose of receiving and/or increasing a scholarship award is considered fraud.*

*\* I agree that should I choose not to furnish or disclose any financial information to determine the scholarship amount, the maximum amount of scholarship available to my child will be \$250.00.*

Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_