

G.R.A.C.E. SCHOLARSHIP PROGRAM

680 West Peachtree Street, NW
Atlanta, Georgia 30308
(404) 885-7431
(404) 885-7430 (FAX)
www.gracescholars.org

FAMILY REGISTRATION FORM

Part I: FAMILY INFORMATION

Name of Parent(s) / Guardian(s): _____

Mailing Address: _____ City: _____ Zip: _____

Street Address *(if different than above, no P.O. Boxes)*: _____

Email address: _____ Telephone: (____) _____

New Student Information

Name of Child: _____ Grade of Application: _____

Transferring from: _____
(if entering kindergarten as a new student, please write Not Applicable)

Name of Child: _____ Grade of Application: _____

Transferring from: _____
(if entering kindergarten as a new student, please write Not Applicable)

Name of Child: _____ Grade of Application: _____

Transferring from: _____
(if entering kindergarten as a new student, please write Not Applicable)
(if there are more than three children, please attach on an additional page)

Part II: SCHOOL INFORMATION

School name: _____

School address: _____ City: _____ Zip: _____

Parent / Guardian Signature Date

For Office Use Only

- I verify that the above child(ren) is eligible for a student scholarship.
 - I verify that the need established by the financial review process is _____.
 - Amount of school assistance awarded locally: _____; amount recommended to be awarded to the family by G.R.A.C.E. Scholars, Inc. _____.
- G.R.A.C.E. Scholarship awarded cannot exceed the family's calculated need.*

School Administrator signature:

School Administrator name printed:

If you have any questions, please contact [gracesholars @archatl.com](mailto:gracesholars@archatl.com)
Or call 404-885-7431

*Please return this form by mail or fax to GRACE Scholars, Inc.
680 West Peachtree Street, NW • Atlanta, Georgia 30308
(404) 885-7430 (FAX)*

**THIS FORM IS DUE IN THE GRACE SCHOLARS OFFICE NO
LATER THAN MARCH 15**