

Georgia Scholar Application School Verification Form

Student's Legal Name: _____

School District: _____

High School: _____

I acknowledge I have reviewed the application of the student named above for accuracy and verify this student is a high school senior who meets all the criteria of the Georgia Scholar Program.

The student must:

- Earn a minimum of **22 Carnegie Units** of credit for graduation and have taken: (4) ELA, (4) Mathematics, (3) Science, (3) Social Studies, (2) Foreign Language, and (1) Fine Arts**
- Have a minimum combined score of **1360** on the Scholastic Assessment Test (SAT) or a composite score of **31** on the American College Test (ACT)
- Have a non-weighted GPA of at least **3.75/4.00**
- **Registered to vote** if a U.S. citizen and 18 years of age at the time of application
- Show evidence of self-esteem and concern for others in day-to-day activities
- Participate in a minimum of three different competitive **interscholastic activities**
- Appointed by a school official or elected to positions of leadership in a minimum of two different organizations **sponsored by the school**
- Show evidence of leadership in a minimum of two different organizations **outside the school**, including being appointed by an organization sponsor or elected to a position of leadership in a minimum of one of these activities

School Counselor – Verify the following information. Weighted Grade Point Averages (GPA) will not be accepted.

Non-weighted (GPA): _____

SAT Combined Score: _____

ACT Composite Score: _____

School Counselor Name (Print):

*School Counselor Signature:

Date:

Principal/Head of School Name (Print):

*Principal/Head of School Signature:

Date:

**Electronic signatures are not accepted.*

***Fine Arts Carnegie Unit can be waived if Fine Arts are not required by the school district.*

Georgia Scholar Application Parent/Legal Guardian Signature Form

Student's Legal Name: _____

School District: _____

High School: _____

Parent or Legal Guardian: Verify your understanding of the following information by checking each box and signing below:

- I understand if named a Georgia Scholar, the student's name and school are released to the public for recognition purposes.
- I understand Georgia Scholar is a recognition-only program.
- I understand no scholarship funds are associated with the Georgia Scholar program.
- I understand that submission of this application form does not guarantee that my student will be recognized as a Georgia Scholar.

Student's U.S. Voter Eligibility: (Select the statement that applies.)

- The student is 18 years of age and **is registered** to vote as a United States citizen.
- The student is 18 years of age and **is not registered** to vote as a United States citizen.
- The student is **not eligible** to register to vote based on their current age (under 18) or citizenship status.

Parent/Legal Guardian Name (Print)	*Parent/Legal Guardian Signature	Date
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Parent/Legal Guardian Name (Print)	*Parent/Legal Guardian Signature	*Date
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**Only one signature required in sole parent/guardian households. Electronic signatures are not accepted.*