

The Bedford School

Application for Financial Aid

5665 Milam Road / Fairburn, GA 30213

Phone:(770)774-8001 / FAX:(770)774-8005

Student Information:

Student's Full Name _____, _____ grade applying for _____
Last First Middle

Address: _____

_____ *City State Zip*

School currently attended by the student:

public _____ private _____

dates attended _____ *dates attended* _____

Kindergarten _____ charter school _____ home school

dates attended _____ *dates attended* _____ *dates attended* _____

Parent/Guardian Information:

Parent/Guardian Name(s): _____

Marital Status: _____ If divorced, who has custody? _____

Student resides with: _____ Person(s) responsible for fees: _____

Parent's Name: _____

Address: _____

(if different from above)

Phone: Home _____

Work _____

Cell _____

E-mail _____

Occupation: _____

Employer: _____

Parent's Name: _____

Address: _____

(if different from above)

Phone: Home _____

Work _____

Cell _____

E-mail _____

Occupation: _____

Employer: _____

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Other Information:

Is the student of Hispanic/Latin origin? Yes No

Does the student currently receive the Georgia Special Needs Scholarship? Yes No

If yes, what amount: _____

Does the student currently receive any Student Scholarship Organization (SSO) funds? Yes No

If yes, what amount: _____

Briefly state why you desire financial aid for your child to attend The Bedford School? _____

If you are the parent of a returning student, how have you volunteered or contributed to The Bedford School in the past year?

Checklist

- All parties responsible for the student have completed the SST application online.
- All parties responsible for the student have submitted their most current tax returns with this application.
- All parties responsible for the student have submitted the most current tax return of any business owned or operated.
- (For returning parents) I have submitted my reenrollment agreement and am in good financial standing with The Bedford School.
- (For new parents) I have submitted all materials for application to The Bedford School.

I certify that all of the information contained in this application is complete and accurate to the best of my knowledge

Parent/Guardian signature

date