

Briarwood Academy Goal Scholarship Policy and Application Form



Students are able to receive the GOAL Scholarship based on their adjusted gross income, family size, and available funds. (Refer to the www.goalscholarship.org website for more information). Under the guidelines supplied by the Georgia Goal Scholarship Program, the maximum scholarship that may be awarded is an amount equal to 85 percent of the private school's lowest published rate of tuition for the recipient's grade. GOAL Scholarships are awarded one school year at a time. Each year, participants will need to submit all pertinent forms in order to be eligible for consideration for the following school year. Also, the following are guidelines to be considered when applying for the Georgia Goal Scholarship:

1. All applicants must meet all Briarwood Academy admissions standards to be considered.
2. Currently, Briarwood Academy will consider all applicants transferring from a Georgia public school and children entering the K-4, K-5 program or first grade for a GOAL scholarship.
3. Applicants must submit a completed Georgia Goal application form to Mrs. Newsome in the school office. Each application must include:
 - a. A complete copy of the filed federal income tax return for both parents for the previous year.
 - b. If the tax return from the prior year has not been filed, the complete tax return from the year before along with W2s from the prior year, are acceptable.
 - c. Proof of enrollment at a Georgia public school (e.g. report card/transcript) if the child is not entering the K-4, K-5, or First grade program. Those students entering K-4, K-5, and First grade will need to provide a proof of age (birth certificate).
4. Every family applying is expected to contribute some amount to the Briarwood tuition. Briarwood Academy and the GOAL Scholarship program do not offer full tuition scholarships.
5. All applicants will be dutifully considered by the Briarwood Academy GOAL Committee. The committee's deliberation and findings will then be reported to the Headmaster.
6. It is important to note that there will sometimes be more requests for scholarships than there is money in our GOAL scholarship account. Therefore, not every student who applies for a scholarship will receive one or receive as much as requested. It will be up to the Briarwood scholarship committee to recommend for scholarship award the best qualified students.

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7. The committee may, at its discretion, award a minimal scholarship amount to a student in order for that student to be eligible for a scholarship from this program in future years. This situation may arise when limited funds are available from the GOAL program or the family has a very unusual financial situation that cannot be captured in the above guidelines.
 8. The Briarwood Academy Goal Committee will only review and recommend the applicants for the scholarship. The financial portion will be determined and allotted by available Briarwood Academy funds.
 9. All scholarship applications must be submitted during the time of registration. The GOAL Scholarship awards will be delivered as early as possible for the following school year.
 10. Families seeking admission mid-year (or any time after normal registration) will be considered on a first come first serve basis.
 11. All GOAL Scholarship recipients must re-apply each school year. It is the responsibility of each recipient's family to submit their GOAL Scholarship request during registration time.
 12. Families that are awarded GOAL Scholarship funds are strongly encouraged to participate in giving to the GOAL Scholarship by way of redirecting their Georgia State Taxes. Please check the GOAL section of the Briarwood Academy website for details at: www.briarwoodacademy.com or you can go to the Georgia Goal website at: www.goalscholarship.org

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Parent Name(s) requesting financial assistance through Georgia Goal

Email for parent contact (Please Print Clearly)

Phone Number

Applicant(s) reside with:

Please circle:

Parents Married

Parents Divorced

Father Deceased

Mother Deceased

Please list the name of students for whom you are applying for financial assistance through the Georgia Goal Scholarship Program:

Name	Grade	Years Enrolled at Briarwood/ Transferring From
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Please list any other dependent children:

Name	Age/Grade	Years enrolled at Briarwood Academy
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It is imperative for the committee to understand your request and need. Please write any explanations, comments, or unusual circumstances that concern this financial assistance request:

We understand that we are authorizing Briarwood Academy to verify any of the information in this assistance application and understand that all information is subject to investigation. We declare that the information represented on this form, and any other materials required for financial assistance, be true, correct, and complete to the best of our knowledge and beliefs.

Signature of Parent(s)

Date

What is the amount of tuition that your family could afford to pay monthly? If more than one child is applying for assistance, please write the monthly amount for each applicant you would be able to pay.

Monthly payment amount (per child): _____

*Briarwood Academy does not discriminate on the basis of race, color, or national origin in administration of its educational policies, admission policies, financial assistance, or employment practices.