



SCHOLARSHIP AWARD APPLICATION FORM

1. Complete the application below for each student applying for an SGO Scholarship.
2. Include Page 1 of their most recent Federal Income Tax Return (Form 1040).
3. Submit both of the above items to your student's school. Check with your student's school regarding submission deadlines.

**Please Note: Any scholarship distributions will be sent directly to the enrolling school to apply to your account.

Student First Name: _____

Student Last Name: _____

Name of school: _____ Date of Application: _____

School Year: **2024-2025** School Grade: _____

Student Date of Birth: _____

Total number of adults and children in your household: _____

Has the student received an SGO Scholarship in the past: Yes ___ No ___

Name of Primary Parent/Guardian: _____

Name of Secondary Parent/Guardian: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Signature Parent/Guardians: _____

Send Completed Application and Proof of Income to _____

FOR SCHOOL USE ONLY

Proof of Income Received: _____

Proposed Award

Household Size: _____

Tuition: _____

Household Income: _____

Fees: _____

% of Poverty Threshold: _____

Total: _____

Initial Sign Off: ___ Committee Member 1 ___ Committee Member 2 ___ Committee Member 3