



Georgia High School Association

Post Office Box 271

Thomaston, GA 30286

706-647-7473

Private School – Statement of Financial Aid Compliance

School: _____

of Students Enrolled: _____

of Students Receiving Financial Aid: _____

Names of Students Receiving Financial Aid Who Are Involved in GHSA Activities: (Attach list to this form.)

Per GHSA Bylaw 1.83, I certify that the % of students who participate in activities and who receive financial aid is the same % as the number of students receiving financial aid who do not participate in activities ($\pm 5\%$).

Signature: _____

Principal or Headmaster

Date: _____

(This form must be completed yearly by October 15th.)