



Georgia Special Needs Scholarship: Payment Error Form

Private School Name: _____

Private School Contact: _____


Private School Address: _____

Requesting back payment for a student(s)? Please include the following:

1. Completed Payment Error Form
2. Academic Transcript
3. Notice on school's letterhead indicating reason student was omitted from the roster.
Please include the enrollment date.

Check One

First Quarter (Adjustment Deadline **10/31/2017**) **Second Quarter** (Adjustment Deadline **12/18/2017**) **Third Quarter** (Adjustment Deadline **02/27/2018**) **Fourth Quarter** (Adjustment Deadline **05/22/2018**)

Student Name	Error(s) 	Eligible student was not included on the roster. (Provide private school transcript, notice from private school verifying enrollment, and the 2016-2017-award letter).	Check received was not <u>one fourth</u> of the total scholarship amount.		The parent's name was incorrect.	Other	Attachments
			Amount Received	Actual Amount			
Ex: Jane Doe			\$500	\$1000			Check with incorrect amount.
Ex: John Doe		Parent did not make school aware of SB10 status.					Transcript, Notice of Enrollment, and Award Letter.
Ex: Jack Doe					Correct name is Jill Doe.		N/A
1.							
2.							
3.							
4.							
5.							
6.							
7.							

8.						
9.						

Please mail checks to:

Department of Education
Grants Accounting
1652 Twin Towers East
205 Jesse Hill Jr. Drive, SE
Atlanta, GA 30334

Or

Scan and email all other information to:

acummings@doe.k12.ga.us

Signature of Authorization: _____