

Georgia Special Needs Scholarship: Return Check Form

Instructions: *Use this form when your school received a check in error and no further correspondence is needed.*

Date: _____

Private School Name: _____

Private School Contact: _____

Private School Address: _____

Student Name	Parent Name	Reason for Return Place an "X" where applicable: 	Parent failed to appear to endorse check.	Parent refused endorse check.	Student withdrew or was not in attendance during the quarter in which the payment was made.	Student never attended aforementioned school.	Other
Ex: Jane Doe	Mary Doe			X			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							

Please mail check(s) to:

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