

# WALNUT GROVE HIGH SCHOOL PTSO 2024-2025

Dear WGHS Parents and Students,

On behalf of the WGHS Parent Teacher Student Organization 'PTSO', we want to welcome you to the 2024-2025 school year. The goal of the WGHS PTSO is to award scholarship monies to graduating Seniors. In order to be eligible to apply for the PTSO Scholarship monies, Graduating Seniors **MUST** be up to date PTSO Members every year they have attended WGHS (**starting as a Freshman**) and all fees must be paid during the Membership Drive at the time they were enrolled. (\*\*Membership Drive is from July 2024 thru Dec 2024)  
**\*\*No Exceptions will be made to extend the deadline.**

→ **MEMBERSHIP FEE IS \$10.00 PER STUDENT each SCHOOL YEAR/\$40.00 for ALL FOUR SCHOOL YEARS** ←

**Once you have paid your dues, the WGHS PTSO Membership Number will be sent to the students' personal email address that is listed below. Be looking for that email from warriorptso@gmail.com.**

If you are a Senior eligible for the WGHS PTSO Scholarship, details and information regarding the application process will be sent to your email that you list below.

To make the WGHS PTSO Scholarship a success, it will depend on your support and participation.

For more information School Website: [www.walnutgrovehigh.org](http://www.walnutgrovehigh.org)  
And check out our Facebook, Instagram and WGHS PTSO Page with Pictures of Events:  
"Walnut Grove High School PTSO, Loganville, GA"

## 2024-2025 WGHS PTSO MEMBERSHIP/SCHOLARSHIP FORM

PLEASE MAKE CHECKS PAYABLE TO WGHS PTSO or paid through the QR Code listed below.

- Current/ paid up to date PTSO Member Card # \_\_\_\_\_  
 New Student/Transferring to WGHS  Change in information

PARENTS NAME: \_\_\_\_\_  
Email: \_\_\_\_\_

Home phone: \_\_\_\_\_  
Work number: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
Student's PERSONAL email: \_\_\_\_\_

Current Grade: \_\_\_\_\_  
Graduation Year: \_\_\_\_\_

### PTSO Staff ONLY:

Date Received: \_\_\_\_\_ PTSO Officer Initials \_\_\_\_\_ Membership # \_\_\_\_\_

Enclosed:

- Check # \_\_\_\_\_
- Cash receipt \_\_\_\_\_ (signature required)



Square QR:

(Please note WGHS PTSO Membership, Student's Name and Grade)

**PTSO Membership**