WALNUT GROVE HIGH SCHOOL PTSO

2026–2027 MEMBERSHIP & SCHOLARSHIP

Dear WGHS Parents and Students,

On behalf of the Walnut Grove High School Parent Teacher Student Organization (PTSO), we would like to welcome you to the 2026–2027 school year!

One of the goals of the WGHS PTSO is to award scholarships to graduating seniors. To be eligible to apply for a **WGHS PTSO Scholarship**, students must maintain an active PTSO membership for each school year they attend WGHS, beginning their freshman year.

Once membership dues have been received, the student's WGHS PTSO Membership Number will be sent to the student's personal email address and the parent/guardian email address provided on this form. Please watch for an email from **warrioptso@gmail.com.**

Eligible seniors will receive information regarding the WGHS PTSO Scholarship application process at the student's personal email address and parent/guardian email address provided on this form.

The success of the WGHS PTSO Scholarship Program depends on the support and participation of our WGHS families. Thank you for supporting our students, teachers, staff, and school community!

WGHS PTSO:
https://wghs.walton.k12.ga.us/our-school/ptso

Follow us on social media!

Facebook: Walnut Grove High School PTSO, Loganville, GA

Instagram: WGHS PTSO

2026–2027 WGHS PTSO MEMBERSHIP / SCHOLARSHIP FORM

MEMBERSHIP OPTION

- ◯ $10.00 — 2026–2027 School Year Membership
- ◯ $40.00 — Four-Year WGHS PTSO Membership

MEMBERSHIP STATUS

- ◯ Current/Paid-Up-to-Date PTSO Member
  Membership #: _____
- ◯ New Student/Transferring to WGHS

STUDENT INFORMATION

Student Name: _____

Current Grade: _____

Graduation Year: _____

Student's PERSONAL Email:

_____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name: _____

Email: _____

Home/Cell Phone: _____

PAYMENT INFORMATION

Please make checks payable to WGHS PTSO.
Membership may also be paid through the Square QR Code.

- ◯ Check # _____
- ◯ Square QR

For Square payments, please include:
WGHS PTSO Membership, Student's Name and Grade

PTSO Membership

PTSO STAFF USE ONLY

Date Received: _____ | PTSO Officer Initials: _____ | Membership #: _____