

# STUDENT SCHOLARSHIP AWARD

## For Summer Programs

**DUE FEBRUARY 15**



### WHO IS ELIGIBLE?

- Ohio students in grades K-12 who are identified as gifted or talented according to OAC 3301-51-15 in one or more areas: Cognitive Ability, Specific Academic Ability, Visual/Performing Arts, Creative Thinking
- Students who have not received another OAGC scholarship within the past twelve months

### HOW DOES A STUDENT APPLY FOR A SCHOLARSHIP?

- An application is available online at [www.oagc.com](http://www.oagc.com). All materials are available in PDF format.
- Applications must include ALL of the required materials. Incomplete applications will not be reviewed.
- Each applicant must submit **two letters of recommendation** from any of the following:
  - Educational Recommendation – teacher, principal, guidance counselor, or other who knows the student in an academic capacity
  - Civic Recommendation – Church leader, 4-H leader, leader of a group in which the student actively volunteers, or other community member who has directly worked with the student
  - Personal Recommendation – Anyone that has known the student for at least one year and is **not** a family member

### APPLICATION SUBMISSION/POSTMARK DEADLINE: FEBRUARY 15

Submit materials electronically to: <a href="mailto:Alesha.Haybin.OAGC@gmail.com">Alesha.Haybin.OAGC@gmail.com</a>	*You will receive confirmation of materials received as a reply to the email address that submitted materials
Mail a paper copy of materials to: Ohio Association for Gifted Children - Scholarships PO Box 30801 Gahanna, Ohio 43230	*You will NOT receive confirmation of receipt unless you include a self-addressed, <b>stamped</b> envelope *Do not send materials via registered or certified mail

### REQUIRED MATERIALS: Applications Must Include ALL of the Following at the Time of Submission

- Applicant Information Form
- Program Brochure
- OAGC Member Nominator Form
- District Contact & Eligibility Form
- Letter of Recommendation and Form #1
- Letter of Recommendation and Form #2
- Student Essay Form
- Student Essay

### SCHOLARSHIP AWARD PROCEDURE

- Applications will be reviewed by a committee consisting of OAGC's Scholarship Chair, Parent Division Chair, two Governing Board Members, and a current Member of OAGC. One committee member must be the parent of a gifted child.
- Students may apply for a scholarship award of up to 75% of the total cost of the program with a maximum award of \$500 possible
- Applicants will be notified whether or not they were selected to receive a scholarship within 45 days of the submission deadline

### QUESTIONS?

Contact Alesha Haybin - OAGC Scholarship Committee Chair  
[Alesha.Haybin.OAGC@gmail.com](mailto:Alesha.Haybin.OAGC@gmail.com)

**Updated: 7/5/21**

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### (PAGE 1) APPLICANT INFORMATION FORM

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parent/ Guardian Names: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Ohio County: \_\_\_\_\_

Preferred Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Student has a family member on the OAGC Governing Board?  YES  NO (For IRS reporting purposes only.)

### HOUSEHOLD INFORMATION

How many people live in your household? \_\_\_\_\_

From the latest federal income tax return, indicate the range of taxable income for your household:

<input type="checkbox"/> \$14,999 or less	<input type="checkbox"/> \$45,000 - \$74,999	<input type="checkbox"/> \$150,000 - \$199,999
<input type="checkbox"/> \$15,000 - \$29,999	<input type="checkbox"/> \$75,000 - \$99,999	<input type="checkbox"/> \$200,000 or more
<input type="checkbox"/> \$30,000 - \$44,999	<input type="checkbox"/> \$100,000 - \$149,999	

### OAGC MEMBERSHIP

Please visit <http://www.oagc.com/contact.asp> for a list of OAGC Board Members and regions

Are you an OAGC Member?  YES  NO OAGC Region Number: \_\_\_\_\_

### DESCRIPTION OF PROGRAM

Name of Program/Course/Camp: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Other Information: \_\_\_\_\_

If your child is selected to receive a scholarship, the award will be payable directly to the program and mailed to the student's address. Checks will not be made out to the student or their family.

The check should be made **payable to the order of:**

### PARENT: Please Sign Below to Affirm

- I have **attached** a brochure about the program which includes a synopsis of the program and an official price breakdown for the activity, provided by the sponsoring organization. [Note: If the total cost includes meals, housing, and/or transportation this needs to be evident in the pricing information provided.]
- By signing this form, I hereby consent to the publication and other use of the following: my child's likeness, name, writing, photographs, video, art, quotes, work samples, honor, awards, etc., without limit, reservation or remuneration by the media and/or The Ohio Association for Gifted Children for purposes of student scholarship-related publicity. This media release includes sharing my name and address with other educational organizations who may have other scholarship opportunities available.
- Notification of awards may fall after the deadline for registration and/or payment required by a particular program. It is our recommendation that you contact those in charge of registration to get further instructions. Most programs will reimburse you for the amount of the awarded scholarship. OAGC is not responsible for registration fees submitted and does not guarantee that your child will receive a scholarship.

### QUESTIONS?

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[Alesha.Haybin.OAGC@gmail.com](mailto:Alesha.Haybin.OAGC@gmail.com)

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Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Ohio Association for Gifted Children

### (PAGE 2) OAGC MEMBER: NOMINATOR FORM

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

**Student applicants must have the support of a current member of The Ohio Association for Gifted Children. Applications will not be accepted without the endorsement of a member of the organization. Please visit <http://www.oagc.com/contact.asp> for a list of OAGC Board Members and regions.**

### OAGC MEMBER INFORMATION

Name: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Number of Years as an OAGC Member: \_\_\_\_\_ OAGC Region Number/County: \_\_\_\_\_

***I affirm my support of this student's application for the OAGC Student Scholarship award.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* A statement of support is no longer required from the OAGC Nominator. Please complete this form and return to the applicant to submit with their scholarship application. \*

#### QUESTIONS?

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### (PAGE 3) DISTRICT CONTACT & ELIGIBILITY FORM

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student applicants must have been identified as talented and gifted according to the ORC 3301-51-15 in one or more areas. Applicants that have not been identified as gifted will not be considered.**

### DISTRICT INFORMATION

School District Name: \_\_\_\_\_

Name: \_\_\_\_\_

Guidance Counselor    Gifted Coordinator    Principal    Other: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Preferred Phone: \_\_\_\_\_

You will be the only individual notified on behalf of the district in regards to Scholarship recipients. You will receive electronic notification within 45 days of the application deadline.

### AREA/S OF GIFTED IDENTIFICATION

Please record information pertaining to this student's gifted identification. Additional documentation is not necessary. The student has been identified as talented and gifted according to the ORC 3301-51-15 in the following area/s:

COGNITIVE ABILITY

Date of Identification: \_\_\_\_\_

MATH

Date of Identification: \_\_\_\_\_

SCIENCE

Date of Identification: \_\_\_\_\_

READING

Date of Identification: \_\_\_\_\_

SOCIAL STUDIES

Date of Identification: \_\_\_\_\_

VISUAL/PERFORMING ARTS

Date of Identification: \_\_\_\_\_

CREATIVE THINKING

Date of Identification: \_\_\_\_\_

***I hereby certify that the identification information listed above is true and accurate.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**This section is to be completed by the STUDENT before giving this form to an adult for a letter of recommendation.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Camp – Program – Activity I hope to attend this summer? \_\_\_\_\_

Sponsoring Organization? \_\_\_\_\_

Why do I want to attend this program? \_\_\_\_\_

Name of adult writing my letter? \_\_\_\_\_

How do I know this person? \_\_\_\_\_

### (PAGE 4) LETTER OF RECOMMENDATION FORM #1

The Ohio Association for Gifted Children seeks to support the interests of students throughout the State of Ohio who have been identified as gifted in one or more areas. We award thousands of dollars each year to help students participate in programs/camps that spark their imagination and love for learning.

As those deeply invested in the education of our children, we appreciate the significance of being asked to write a letter of recommendation for this student. You have made a difference in the life of a child!

### ADDITIONAL INSTRUCTIONS

- Include your full name, position, and preferred contact information in your letter. We will not distribute your personal information in any way.
- Please write a statement to support this student's application for the OAGC Student Scholarship Award on a separate sheet of paper. You should be **specific** to the individual. In particular, please describe the **unique characteristics** of this student that make him/her an outstanding candidate for a scholarship to attend **this** program or activity.
- Your letter of recommendation should **connect** to the individual student's interests and strengths that you have observed in your position as a person of influence. The student's overall score will reflect whether a common thread, expressing individual passion and curiosity, has been woven throughout their application materials.
- Please return **this form** and **your letter of recommendation** to the student for submission to the scholarship committee.
- Letters of recommendation will be viewed by the student and/or their family.
- If this student is selected as a scholarship award recipient, portions of your letter of recommendation may be taken in part or in whole to be published in the *OAGC Review*.

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Sponsoring Organization? \_\_\_\_\_

Why do I want to attend this program? \_\_\_\_\_

Name of adult writing my letter? \_\_\_\_\_

How do I know this person? \_\_\_\_\_

### (PAGE 5) LETTER OF RECOMMENDATION FORM #2

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### (PAGE 6) STUDENT ESSAY FORM

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

OAGC receives many applications from outstanding students. On a separate piece of paper, please write a *detailed* and *well-crafted* essay telling us why you are *uniquely qualified* to receive a scholarship to participate in *this particular program or activity*, as well as how you believe it will impact you and others in the future.

Your essay should respond to **ALL** of the following questions in **300 words** or less:

- How did you become interested in and choose to attend this program?
  - What do you wish to learn from this opportunity?
  - How will you share what you have learned with others?
  - How might this opportunity affect your goals for the future?
- 
- ✓ Age appropriate expectations will be considered during essay review. Parents should not be writing any part of the student essay.
  - ✓ Essays should be typed and edited so they do not exceed the maximum word count
  - ✓ Recommended formatting: single spaced, 12-point font (Calibri, Times New Roman, Arial)

#### STUDENT: Please Sign Below to Affirm

I hereby certify that all information provided is current and accurate. Furthermore, I attest to this work being entirely my own. If I have falsified information in any way, I understand that this scholarship application will be voided and all awarded money will be repaid to OAGC.

**Essay Word Count:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### PARENT/GUARDIAN: Please Sign Below to Affirm

I hereby certify that all information provided is current and accurate. If I have falsified information in any way, I understand that this scholarship application will be voided and all awarded money will be repaid to OAGC.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Include this Student Essay Form AND your written essay when submitting your application materials**

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