

# DISTINGUISHED STUDENT

## Student Scholarship

**DUE JUNE 1**



### WHO IS ELIGIBLE?

- Ohio students who are finishing up the current school-year in grades 3, 4, 5, or 6 and have been 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
- Applicants must demonstrate excellence in one or more of the following areas: visual or performing arts, academic achievement, or leadership
- Furthermore, the distinguished student will show evidence of using their exceptional talent in order to **positively impact others** in the community or communities that surround them
- The OAGC will accept nominations from a parent, teacher, community/civic groups, or the student

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

- Application materials are available in PDF format online at <https://oagc.com/resources/scholarships/>.
- 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: JUNE 1

Submit materials electronically to:  <a href="mailto:ohiogifted@gmail.com">ohiogifted@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

- |   |   |
|---|---|
| <input type="checkbox"/> Applicant Information Form           | <input type="checkbox"/> Letter of Recommendation and Form #2 |
| <input type="checkbox"/> Current Photo of the Student         | <input type="checkbox"/> Activities/Awards Form               |
| <input type="checkbox"/> OAGC Member Nominator Form           | <input type="checkbox"/> Student Essay Form                   |
| <input type="checkbox"/> District Contact & Eligibility Form  | <input type="checkbox"/> Student Essay                        |
| <input type="checkbox"/> Letter of Recommendation and Form #1 |   |

### SCHOLARSHIP AWARD PROCEDURE

- A committee consisting of OAGC's Scholarship Chair, Parent Division Chair, two Governing Board Members, and a current member of OAGC will review applications. One committee member must be the parent of a gifted child.
- The award recipient will receive a \$1000 scholarship and Certificate of Excellence from the OAGC
- Applicants will be notified whether or not they were selected to receive a scholarship in early-August
- Scholarship awards will be made payable directly to the student

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## (PAGE 1) APPLICANT INFORMATION FORM

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

**Area of Exceptional Strength:**  Visual Arts  Performing Arts  Academics  Leadership

**Briefly Explain:** \_\_\_\_\_

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

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

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

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

Does the student have a family member on the OAGC Governing Board?  YES  NO (For IRS reporting purposes only.)

Has this student received the OAGC **Distinguished Student** Scholarship in the past?  YES  NO

*If the answer is "yes" you are no longer eligible to apply for this Scholarship.*

## OAGC MEMBERSHIP

Is the nominating adult an OAGC Member?  NO  YES: OAGC Region Number: \_\_\_\_\_

## NOMINATION

**Name of Person Nominating Student:** \_\_\_\_\_

**Relationship to Nominee:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

You will receive electronic notification within 45 days of the application deadline if your nominee qualified to receive this scholarship award.

## OTHER NOTIFICATION

Is there anyone else whom you would like notified of this achievement? (School Principal, Teacher, Instructor) Please provide their contact information below.

1) **Name:** \_\_\_\_\_ **Relationship to Nominee:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

2) **Name:** \_\_\_\_\_ **Relationship to Nominee:** \_\_\_\_\_

**Preferred Email:** \_\_\_\_\_ **Preferred Phone:** \_\_\_\_\_

Contacts listed will receive electronic notification within 45 days of the application deadline if your nominee qualified to receive this scholarship award. These contacts will not receive notification if this student does not qualify to receive the award this year.

## PARENT/GUARDIAN: Please Sign Below to Affirm

- 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.
- 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:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### (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 our website for a list of OAGC Governing Board Members and regions:

<https://oagc.com/wp-content/uploads/2024/01/Board-Members-2023-2024-Jan.19.24.pdf>

Your regional board member can help you find a current OAGC member in your district who knows your child. The OAGC member who endorses your child’s application does not have to be an OAGC Governing Board member, just a current member of the organization.

### 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 separate, longer statement of support is no longer required from the OAGC Nominator. Only this completed form is required.

Please complete this form and return to the applicant to submit with their scholarship application.

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

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

**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 notified on behalf of the district in regards to Scholarship recipients. You will receive electronic notification within 45 days of the application deadline. You will not receive notification for those students that did not qualify to receive a scholarship.

#### AREA/S OF GIFTED IDENTIFICATION

The student has been identified as talented and gifted according to 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 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 apply this scholarship toward? \_\_\_\_\_

Specific area/s of interest or passion? \_\_\_\_\_

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

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

### (PAGE 4) LETTER OF RECOMMENDATION FORM #1: To the adult recommending this student:

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 pursue their passion.

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 for the adult recommending this student:

- 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 letter of recommendation to support this student's application for the OAGC Distinguished Student Scholarship Award on a separate sheet of paper.
- Your letter of recommendation should **connect specifically** to the individual student's interests and strengths that you have observed. The student's overall score will reflect whether a common thread, expressing individual passion and curiosity, has been woven throughout their application materials. In particular, please describe
  - the **unique characteristics** of this student that make him/her exceptional
  - what sets this student apart from others
  - how this student's interests and area of passion has positively impacted others
- 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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Camp – Program – Activity I hope to apply this scholarship toward? \_\_\_\_\_

Specific area/s of interest or passion? \_\_\_\_\_

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

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

### (PAGE 5) LETTER OF RECOMMENDATION FORM #2: for the adult recommending this student:

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 pursue their passion.

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## (PAGE 6) STUDENT ACTIVITIES – AWARDS FORM

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

**Area of Exceptionality:**     Visual Arts     Performing Arts     Academic     Leadership

**Briefly Explain:** \_\_\_\_\_

Student, please complete the following information and include in your application materials. Do **not** include additional attachments outside of those requested specifically for this scholarship application. The review committee is specifically looking for evidence of the distinguished student using their exceptional talent in order to **positively impact others** in the community or communities that surrounds them.

(school, community or civic organizations, volunteer work, lessons, camps, workshops, courses, etc.)	Grade of Participation				COMMENTS / LEADERSHIP ROLE
	3	4	5	6	
<b>ACTIVITIES</b> Related to Area of Exceptionality					

NAME OF AWARD	SPONSORING ORGANIZATION	L O C A L	S T A T E	N A T I O N A L	DATE	PURPOSE OF AWARD

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### (PAGE 7) STUDENT ESSAY FORM

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

To the student:

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 the OAGC Distinguished Student Scholarship.

The review committee is specifically looking for evidence of the distinguished student using their exceptional talent in order to **positively impact others** in the community or communities around them.

Your essay should include answers to **ALL** parts of the prompt in **700 words** or less:

- What interest or activity are you most passionate about and why?
  - Where did your inspiration begin? How did you get interested or involved in this activity?
  - What impact has this activity had on you and what impact has it had on those around you?
  - How are you putting your passion into action to make your school, community, city, state, nation, or world a better place?
  - How have your future plans and goals been affected by this activity or area of interest?
- 
- ✓ Age appropriate expectations will be considered during essay review. Parents and/or other adults 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: \_\_\_\_\_

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