

STUDENT SCHOLARSHIP AWARD for Summer Programs

DUE FEBRUARY 15



WHO IS ELIGIBLE?

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

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**, chosen 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

Please submit application materials using one of the following methods:

Submit materials electronically to: ohiogifted@gmail.com	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● You will NOT receive confirmation of receipt unless you include a self-addressed, stamped envelope ● Do not send materials via registered or certified mail

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

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Applicant Information Form <input type="checkbox"/> Program Brochure <input type="checkbox"/> OAGC Member Nominator Form <input type="checkbox"/> District Contact & Eligibility Form | <ul style="list-style-type: none"> <input type="checkbox"/> Letter of Recommendation and Form #1 <input type="checkbox"/> Letter of Recommendation and Form #2 <input type="checkbox"/> Student Essay Form <input type="checkbox"/> 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

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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

Are you an OAGC Member? NO YES: 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.

Signature: _____ Relationship: _____ Date: _____

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(PAGE 2) OAGC MEMBER: NOMINATOR FORM

Student Name: _____	Grade: _____
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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.

ENDORSEMENT: 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: _____

NOTE:

To the OAGC member endorsing this application:

A separate, longer written 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: _____

Student applicants must have been identified as 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 FOR THE ADULT WRITING THE LETTER OF RECOMMENDATION:

- 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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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 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.