



DUE December 15

WHO IS ELIGIBLE?

- Licensed Ohio educators currently working in a public, charter, or private school in Ohio
- Must be applying to or currently enrolled/ accepted into a gifted endorsement/license program
- Must have the endorsement of a current OAGC member

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 PROFESSIONAL RECOMMENDATIONS: From a supervisor, principal, superintendent, or colleague familiar with your work

APPLICATION SUBMISSION/POSTMARK DEADLINE: TBD

Please submit application materials using one of the following methods:

<p>Electronic Submissions:</p> <ul style="list-style-type: none"> • All required components must be submitted in one single PDF file. • Submit materials electronically to: scholarships@oagc.com 	<p>You will receive confirmation of materials received as a reply to the email address that submitted materials.</p> <p>You will be asked to resubmit the application and all materials if not already combined in one PDF file.</p>
<p>Mail a paper copy of materials to: Ohio Association for Gifted Children - Scholarships PO Box 30801 Gahanna, Ohio 43230</p>	<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: Application Must Include ALL of the Following at the Time of Submission

- | | |
|---|--|
| → Application Information Form | → Letter of Recommendation and Form #1 |
| → University Program Brochure/Info Page | → Letter of Recommendation and Form #2 |
| → OAGC Member Nominator Form | → Applicant Essay Form |
| → District Contact & Eligibility Form | → Applicant Essay |

SCHOLARSHIP AWARD PROCEDURE AND REQUIREMENTS

- A committee consisting of OAGC's Scholarship Chair, Family and Community 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.
- Recipients receive a **\$5,000 reimbursement scholarship** for gifted endorsement/licensure coursework completed within 6 months prior to the notification date and/or within one year of the notification date.
- Recipients may reapply **one additional time** for another scholarship.

Payment Process:

- Scholarship funds are paid **directly to the student** after submission of both the semester/year **transcript** and **invoice**.
- Recipients may be reimbursed up to **\$5,000 per school year** for coursework completed within 6 months prior to the scholarship notification date and/or within one year of the notification date.
- Submit transcripts and invoices to scholarships@oagc.com, including the preferred mailing address for the reimbursement check.

Requirements:

- Recipients must maintain a **2.5 GPA or higher**.
- Funds must be used **within one year** of award notification.



SALLY ROBERTS SCHOLARSHIP AWARD For Teachers Pursuing Gifted Education



DUE December 15

(Page 1) APPLICANT INFORMATION FORM

Applicant Name: _____

Mailing Address: _____

City: _____ Zip Code: _____ Ohio County: _____

Preferred Email: _____ Phone: _____

Applicant has a family member on the OAGC Governing Board? _____ Yes _____ No (For IRS reporting purposes only.)

OAGC MEMBERSHIP

Are you an OAGC Member? _____ No _____ Yes-- Region Number: _____

INCOME INFORMATION

How many people live in your household? _____

From the latest federal income tax return, indicate the range of taxable income for **you**:

<input type="checkbox"/> \$14,999 or less	<input type="checkbox"/> \$45,000 - \$54,999	<input type="checkbox"/> \$75,000 - \$84,999
<input type="checkbox"/> \$15,000 - \$29,999	<input type="checkbox"/> \$55,000 - \$64,999	<input type="checkbox"/> \$85,000 - \$99,999
<input type="checkbox"/> \$30,000 - \$44,999	<input type="checkbox"/> \$65,000 - \$74,999	<input type="checkbox"/> \$100,000 or more

DESCRIPTION OF PROGRAM YOU PLAN ON PURSUING

College or University You Plan to Attend: _____

Field of Study/Name Program: _____

How many semesters is this program: _____ Cost per semester: _____

Other Information: _____

PAST OAGC SCHOLARSHIP RECIPIENT

Have you received an OAGC Continuing Education Scholarship in the past?

_____ Yes _____ No If applicable: Year of Award _____

APPLICANT: Please Sign Below to Affirm

- By signing this form, I hereby consent to the publication and other use of the following: my 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 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: _____ Date: _____



SALLY ROBERTS SCHOLARSHIP AWARD

For Teachers Pursuing Gifted Education



DUE December 15

(Page 2) OAGC MEMBER: Nominator Form

Applicant Name: _____

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 view the list of current OAGC Governing Board Members and region representatives at the bottom of this webpage: <https://oagc.com/resources/scholarships/>

Your regional representative board member can help you find a current OAGC member in your district who can nominate you. The OAGC member who endorses your 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 Sally Roberts Teachers Pursuing Gifted Education Scholarship Award.

Signature: _____ Date: _____



SALLY ROBERTS SCHOLARSHIP AWARD

For Teachers Pursuing Gifted Education



DUE December 15

(Page 3) DISTRICT CONTACT & ELIGIBILITY FORM

Applicant Name: _____

Name of School District: _____

School District's ADM (Average Daily Membership): _____

Applicant's Current Role in District: _____ Grade Level(s): _____

District Contact Name: _____

____ Guidance Counselor ____ Gifted Coordinator ____ Principal ____ Other: _____

Preferred Email: _____

Preferred Mailing Address: _____

City: _____ Zip Code: _____ Preferred Phone: _____

You will receive electronic notification within 45 days of the application deadline and will be the only district personnel notified.

District Contact:

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

Signature: _____ Date: _____



SALLY ROBERTS SCHOLARSHIP AWARD For Teachers Pursuing Gifted Education



DUE December 15

(Page 4) LETTER OF RECOMMENDATION #1

*This section is to be completed by the applicant before giving the form to the individual writing the recommendation.

Applicant Name: _____

College/University you plan to attend: _____

Name of Program: _____

Why do you wish to pursue this degree/endorsement? _____

Who is writing this letter? _____

How do you know this person? _____

LETTER OF RECOMMENDATION #1: To the Person Recommending this Applicant

The Ohio Association for Gifted Children is committed to supporting the growth of gifted education throughout the State of Ohio. We recognize the critical role educators play in meeting the needs of gifted learners, and we are proud to offer scholarships to teachers who are pursuing their gifted endorsement or licensure.

As someone who has worked closely with this applicant, your recommendation provides valuable insight into their dedication, skills, and potential to positively impact gifted students. By supporting educators in their professional journey, you are helping to shape the future of gifted education across Ohio.

- Please include your full name, position, and preferred contact information in your letter. We will not distribute your personal information in any way.
- Write a statement to support this educator’s application for the OAGC Educator Scholarship Award on a separate sheet of paper. Your letter should be **specific** to the individual applicant. In particular, please describe the qualities, skills, and professional characteristics that make this educator an **outstanding candidate** for the scholarship.
- Your letter of recommendation should highlight the applicant’s commitment to gifted education, their ability to positively impact students and colleagues, and the strengths you have observed in your role as a colleague, supervisor, or mentor. The overall score will reflect whether their application materials demonstrate a consistent thread of passion, professional growth, dedication to serving gifted learners, and leadership ability.
- **Please return this form and your letter of recommendation to the applicant for submission to the scholarship committee.**
- Letters of recommendation will be viewed by the applicant and may be shared with their family. If this educator 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*.



SALLY ROBERTS SCHOLARSHIP AWARD For Teachers Pursuing Gifted Education



DUE December 15

(Page 5) LETTER OF RECOMMENDATION #2

*This section is to be completed by the applicant before giving the form to the individual writing the recommendation.

Applicant Name: _____

College/University you plan to attend: _____

Name of Program: _____

Why do you wish to pursue this degree/endorsement? _____

Who is writing this letter? _____

How do you know this person? _____

LETTER OF RECOMMENDATION #2: To the Person Recommending this Applicant

The Ohio Association for Gifted Children is committed to supporting the growth of gifted education throughout the State of Ohio. We recognize the critical role educators play in meeting the needs of gifted learners, and we are proud to offer scholarships to teachers who are pursuing their gifted endorsement or licensure.

As someone who has worked closely with this applicant, your recommendation provides valuable insight into their dedication, skills, and potential to positively impact gifted students. By supporting educators in their professional journey, you are helping to shape the future of gifted education across Ohio.

- Please include your full name, position, and preferred contact information in your letter. We will not distribute your personal information in any way.
- Write a statement to support this educator’s application for the OAGC Educator Scholarship Award on a separate sheet of paper. Your letter should be **specific** to the individual applicant. In particular, please describe the qualities, skills, and professional characteristics that make this educator an **outstanding candidate** for the scholarship.
- Your letter of recommendation should highlight the applicant’s commitment to gifted education, their ability to positively impact students and colleagues, and the strengths you have observed in your role as a colleague, supervisor, or mentor. The overall score will reflect whether a common thread of passion, professional growth, and dedication to serving gifted learners is evident throughout their application materials.
- **Please return this form and your letter of recommendation to the applicant for submission to the scholarship committee.**
- Letters of recommendation will be viewed by the applicant and may be shared with their family. If this educator 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*.



DUE December 15

(Page 6) APPLICANT ESSAY FORM

Applicant Name: _____

OAGC receives many applications from many outstanding scholarship candidates. On a separate piece of paper, please write a detailed and well-crafted essay telling us why you are uniquely qualified to receive an OAGC Sally Roberts Scholarship Award.

Your essay should respond to **ONE** of the following prompts in 650 words or less:

- ★ What inspired you to pursue gifted education, and why is this work meaningful to you?
- ★ Describe an experience you have had with a gifted or advanced learner that influenced your decision to pursue gifted education.
- ★ What qualities or skills do you bring to gifted education that will help you serve this population of students effectively?
- ★ What challenges do you see in meeting the needs of gifted learners, and how do you hope to address them in your classroom or school?
- ★ How do you hope earning your gifted endorsement will impact your teaching practice, your students, and your school community?

- Essays will be reviewed with consideration for professional experience and perspectives.
- Writing must be the applicant's own work.
- Essays must be typed and carefully edited.
- Maximum length: 650 words.
- Formatting: single-spaced, 12-point font (Calibri, Times New Roman, or Arial).

APPLICANT: 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 Applicant Essay Form AND your written essay when submitting your application materials.