

# COLLEGE SCHOLARSHIP AWARD

## For Undergraduate Students

**DUE APRIL 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 Ability, Creative Thinking Ability
- Students who are about to enroll **full-time** in his/her first year of college and/or a student currently enrolled **full-time** in an undergraduate program of an accredited college or university
- Students who have received an ACT composite score of 27 or higher -OR- students who have received an SAT composite score of 1200 or higher (1600 scale)

### 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:
  - o Educational Recommendation – teacher, principal, guidance counselor, or other who knows the student in an academic capacity
  - o 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
  - o Personal Recommendation – Anyone that has known the student for at least one year and is **not** a family member

### APPLICATION SUBMISSION/POSTMARK DEADLINE: APRIL 15

**Submit application using one of the following methods:**

Submit materials electronically to:  <a href="mailto:scholarships@oagc.com">scholarships@oagc.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
- OAGC Member Nominator Form
- District Contact & Eligibility Form
- High School Transcript (& College if enrolled)
- Letter of Recommendation and Form #1
- Letter of Recommendation and Form #2
- Activities/Leadership/Awards Form
- 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.
- This is a one-time award of \$1000. Once a student receives an OAGC College Scholarship, they are not eligible to apply again.
- Applicants will be notified whether or not they were selected to receive a scholarship within 45 days of the submission deadline
- Scholarship awards will be made payable directly to the student

**QUESTIONS? Email [scholarships@oagc.com](mailto:scholarships@oagc.com)**

**Updated: 8/24 GSA**

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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.)

### DESCRIPTION OF PROGRAM YOU PLAN ON PURSUING

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

College or University You Plan to Attend: \_\_\_\_\_

Field of Study: \_\_\_\_\_

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

### PAST OAGC SCHOLARSHIP RECIPIENT

Have you received an OAGC **College** Scholarship in the past?  YES  NO Year of Award: \_\_\_\_\_

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

### OAGC MEMBERSHIP (PARENT)

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

### 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.

### 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: \_\_\_\_\_

Applicants must have been identified as talented and gifted according to the ORC 3301-51-15 in one or more areas. Applicants who 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 receive electronic notification within 45 days of the application deadline and will be the only district personnel notified.

#### ACT/SAT SCORES

Please record the student's highest available ACT and/or SAT score:

ACT   Highest Available Score: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

*A minimum composite ACT score of 27 is required of applicants*

SAT   Highest Available Score: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

*A minimum composite SAT score of 1200 (1600 scale) is required of applicants*

#### 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: \_\_\_\_\_

SOCIAL STUDIES

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

MATH

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

VISUAL/PERFORMING ARTS

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

SCIENCE

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

CREATIVE THINKING

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

READING

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

#### TRANSCRIPT

Please attach a high school transcript. Undergraduate applicants must also provide their most current college transcript.

*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/Year: \_\_\_\_\_

College/University I hope to attend? \_\_\_\_\_

Field of Study? \_\_\_\_\_

Specific area/s of interest or passion at school or in the community? \_\_\_\_\_

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 they work to obtain a degree in their field of study.

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 College 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 this scholarship.
- 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/Year: \_\_\_\_\_

College/University I hope to attend? \_\_\_\_\_

Field of Study? \_\_\_\_\_

Specific area/s of interest or passion at school or in the community? \_\_\_\_\_

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

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

### (PAGE 5) LETTER OF RECOMMENDATION FORM #2: 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 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.
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### (PAGE 6) STUDENT ACTIVITIES – LEADERSHIP – AWARDS FORM

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

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.

School Clubs, Sports, Community, Volunteer, Work-Related	HIGH SCHOOL				COLLEGE			
<b>ACTIVITIES</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>COMMENTS</b>

  

Offices Held, Workshops, Trainings	HIGH SCHOOL				COLLEGE			
<b>LEADERSHIP</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>COMMENTS</b>

  

	HIGH SCHOOL				COLLEGE			Indicate whether Local, State, or National Award
<b>AWARDS</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>FR</b>	<b>SO</b>	<b>JR</b>	<b>COMMENTS</b>

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## (PAGE 7) 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 an OAGC College Scholarship.

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

- What are you most passionate about and why? Where did your inspiration begin?
  - Describe the accomplishment of which you are the proudest.
  - Does any attribute, quality, or skill distinguish you from everyone else? How did you develop this attribute?
  - Have you every struggled mightily for something and failed? How did you respond and how did your failure turn into success?
  - How do you hope to use your college education to impact others?
- 
- ✓ 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.

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