

Mississippi Association for Gifted Children
Elizabeth Mosley Memorial Student Scholarships
Application Deadline: March 15th

Student's Name: _____
(Prior MAGC scholarship recipients are not eligible for nomination.)

Address: _____

Grade: _____ Age: _____ School: _____

Program Choice: _____
(Must be a Mississippi program)

Total Cost of Program: _____

Nominating Teacher: _____

School: _____

School Address: _____

Nominating Teacher Telephone Contact: _____
(This number will only be used should there be questions concerning this nomination.)

Signature of Nominee: _____

Signature of Nominating Teacher: _____

To the Nominating Teacher:

The following information MUST be included with the nomination form. Incomplete nomination packets will not be considered.

- A narrative describing student's special interests, school and community involvement, honors, and your reasons for nominating this student; indicate a financial need.
- A copy of the student's G.P.P. D.S. verifying eligibility.
- A narrative from the student stating his/her areas of interest and reasons for choosing the program for which he/she is being nominated.
- A completed copy of the student's official application for the program which includes program fees and details.
- Additional letters of support may be included.

Please mail completed nomination packet to:

Glenn Nobles • 2605 Sierra Circle • Hattiesburg, MS 39402

Thank you for taking advantage of this opportunity for your students.

Date complete packet rec'd: _____