

# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION

## FOUNDATION PROGRAM

### INSTRUCTIONS FOR APPLYING FOR FINANCIAL ASSISTANCE FOR 2009

#### TO STUDENTS:

If you are a Kentucky resident interested in applying to attend a summer program for gifted students offered by one of Kentucky's public universities and need financial assistance to make it possible, you may apply for partial assistance from the KAGE Foundation Program. **THIS IS NEED-BASED ASSISTANCE ONLY.** Here's how to apply:

- 1. APPLY TO A SPECIFIC SUMMER PROGRAM FOR GIFTED STUDENTS** held at a Kentucky public university. You must be accepted at a program before any financial assistance will be approved.
- 2. FILL OUT EACH SECTION COMPLETELY.** Applications that are not completed will not be processed and will not receive any financial assistance. *This form can be copied or requested from KAGE (and is available online at [www.wku.edu/kage](http://www.wku.edu/kage)).*
- 3. INCLUDE A LETTER YOU HAVE WRITTEN** discussing why you want to attend the program. Include:
  - your interests and what you care about
  - a list of clubs, organizations to which you belong
  - your leadership roles, and/or
  - activities in which you are involved.
- 4. PARENT/GUARDIAN CONSENT FORMS** need to be completed and signed. The application cannot be considered without this page (page 2 of 2 and 3 of 3). **Parents also need to share information about the reasons you are requesting financial aid.**
- 5. EDUCATOR NOMINATION FORM** (page 2 of 2) must be completed and signed. This person should provide as much information about your situation as possible, including test scores! If the educator wants to mail in the form separately, please provide a stamped, addressed envelope.
- 6. All application materials should be sent to KAGE, PO Box 9610, Bowling Green KY 42102-9610 and POSTMARKED BY APRIL 1, 2009.**
- 7. CONTACT THE KAGE OFFICE** to make sure your financial assistance application has been received and is complete!

**Foundation Assistance Notification:** All applicants will receive a notice in late April regarding the selection committee's decision. If awarded financial assistance, you will be asked to respond with your acceptance decision. If you accept, the check will be waiting for you when you arrive at the summer program. *It will be made out to you and to the university; you will need to sign it the day you arrive for your program.*

**Other possible financial assistance resources:** Your local KAGE chapter, parent support group at school, or other civic groups may be able to help. In addition, some universities offer financial assistance to those attending their programs. For example, The Center for Gifted Studies at Western Kentucky University offers scholarship assistance.

**The Kentucky Association for Gifted Education Foundation Program** does not discriminate on the basis of ethnicity, gender, religion, disability, or sexual orientation.

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
FOUNDATION PROGRAM**

**FINANCIAL ASSISTANCE APPLICATION**

**APPLICATION CHECKLIST:**

**THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH YOUR APPLICATION BY  
APRIL 1, 2009.**

**Incomplete requests will not be processed.**

- \_\_\_\_\_ Application Cover Sheet (Page 1 of 3)
- \_\_\_\_\_ Include a letter to KAGE Foundation Program Selection Committee explaining why you want to attend the program, tell a little bit about yourself, and include a list of clubs, organizations, leadership roles, and/or activities in which you are involved. **This letter is essential!**
- \_\_\_\_\_ Parent Information Form (Page 2 of 3)
- \_\_\_\_\_ Parent Consent Form (Page 3 of 3)
- \_\_\_\_\_ Most recent Income Tax Form
- \_\_\_\_\_ Educator Nomination Form (Page 2 of 2)
- \_\_\_\_\_ You may include other supporting data, such as financial information, etc.

**Please mail all information to:**

**KAGE  
Box 9610  
Bowling Green, KY 42102-9610**

**APPLICATION FORM MUST BE POSTMARKED  
(PLEASE DO NOT FAX) BY APRIL 1, 2009**

**If you have any questions, please contact:**

**Dan Reeder, KAGE Foundation Chairman, 859.498.4792 (danreeder@bellsouth.net) or  
Lynette Baldwin, KAGE, 270.745.4301 (kage@wku.edu).**

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
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**FINANCIAL ASSISTANCE APPLICATION**

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**Cover Sheet**

**APPLICATION FORM MUST BE POSTMARKED (PLEASE DO NOT FAX) BY APRIL 1, 2009 TO:**

**KAGE  
P.O. BOX 9610  
BOWLING GREEN, KY 42102-9610**

Student's Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

School Student Currently Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ School District: \_\_\_\_\_ School Phone: (\_\_\_\_) \_\_\_\_\_

Name of summer program to which you have applied: \_\_\_\_\_

Sponsoring public Kentucky college/university: \_\_\_\_\_

When did you apply to this program? \_\_\_\_\_ Total cost of program \$ \_\_\_\_\_

Amount of financial assistance requested from the KAGE Foundation \$ \_\_\_\_\_

How did you learn about the KAGE Foundation? \_\_\_\_\_

***For the Applicant:***

**INCLUDE A LETTER YOU HAVE WRITTEN** discussing why you want to attend the program. Include:

- your interests and what you care about
- \_\_\_\_\_ a list of clubs, organizations to which you belong
- \_\_\_\_\_ your leadership roles, and/or
- \_\_\_\_\_ activities in which you are involved

**When camp is over you and your parents may be asked for a written narrative evaluation about your camp experience.**

I hereby affirm that all the information on this application is correct and that all written responses are my original work. I hereby request that academic records and transcripts supporting my request to apply to the KAGE Foundation Program to be made available to the KAGE Foundation Program officials (in accordance with the Family Educational Rights and Privacy Act of 1974).

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
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**PARENT INFORMATION FORM**

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Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Or Guardian's Name: \_\_\_\_\_

Phone (Mother, Father or Guardian): Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Check range of **adjusted gross income** for household (from IRS Form 1040):

Under \$10,000 \_\_\_\_\_ \$10-20,000 \_\_\_\_\_ \$20-30,00) \_\_\_\_\_ \$30-40,000 \_\_\_\_\_ \$40,000 & over \_\_\_\_\_

**IMPORTANT: ATTACH additional information or clarification about the family's financial situation that will explain the need for financial assistance.**

Other household information:

Size of Household \_\_\_\_\_ Number of children under 18 \_\_\_\_\_ Number of dependents \_\_\_\_

Single parent household? \_\_\_\_\_ YES \_\_\_\_\_ NO

Describe why your child would benefit from the summer program he or she wants to attend. In addition to financial need, the selection committee will consider the following factors: student interest, curiosity, and originality of thought. Please include this information also (you may attach a separate sheet):

**When camp is over you and your child may be asked for a written narrative evaluation about the camp experience.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
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**PARENT CONSENT FORM**

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*For the Parent or Guardian:*

I hereby give permission for my child to apply to the Kentucky Association for Gifted Education Foundation Program.

I hereby request that academic records and transcripts supporting my request to apply to the KAGE Foundation Program be made available to the KAGE Foundation Program officials (in accordance with the Family Educational Rights and Privacy Act of 1974).

I hereby give the Kentucky Association for Gifted Education (KAGE) permission to use my child's photo and composition, submitted in connection with the Kentucky Association for Gifted Education Foundation Program or camp photos in any publicity or announcements KAGE may make about the Foundation.

I understand that neither my son or daughter, nor I, will receive any remuneration in connection with this permission. I also understand that the photo and composition will not be returned to me.

Name of Student \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_

Email \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
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**EDUCATOR NOMINATION FORMS**

*Page 1 of 2*

**Information Release Form**

*For the Parent or Guardian:*

**(The school will need this form for permission to release student records. Please do not send to KAGE.)**

I hereby give my permission for my child's, \_\_\_\_\_  
(Child's Name)

school(s), \_\_\_\_\_  
(School's Name)

to release his/her academic records and transcripts and all other requested information from school records and / or personal comments pertaining to the student by faculty or staff with this application (in accordance with Family Educational Rights and Privacy Act of 1974).

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**KENTUCKY ASSOCIATION FOR GIFTED EDUCATION  
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**EDUCATOR NOMINATION FORMS**

*Page 2 of 2*

**KAGE FOUNDATION FINANCIAL ASSISTANCE APPLICATION**

Dear Educator:

This student is interested in attending a summer program for gifted students, and has applied for a scholarship from the Kentucky Association for Gifted Education (KAGE) Foundation Program. Your comments are very helpful for the Selection Committee to receive the most accurate and complete picture of the applicant. Please ensure that you answer each question to the fullest extent of your knowledge of the applicant. If your relationship to the applicant does not allow you to answer a particular question, indicate that you have an insufficient basis for judgment. Please answer questions on additional sheets.

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Educator's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: (City, State, Zip) \_\_\_\_\_

Email address: \_\_\_\_\_

Your relationship to applicant: \_\_\_\_\_

**WE REQUIRE A COPY OF THE LATEST STANDARDIZED TEST SCORES. (CTBS, ACT, SAT)**

Please verify that the student has been identified as G/T and receives services or is recommended by the district gifted coordinator or school principal.

\_\_\_\_\_ Identified as G/T and receives services.

\_\_\_\_\_ Student is recommended by district G/T coordinator or school principal.

Please give brief examples describing the student's interests/hobbies, curiosity and originality of thought:

\_\_\_\_\_ Please discuss any factors that would help the Foundation Program Selection Committee to understand the student's financial and educational needs situation.

\_\_\_\_\_ Add any additional comments which you feel might be helpful in the selection process on the back of this sheet or attach an additional sheet.

\_\_\_\_\_ If you can not supply test scores, please explain why.

**Please include scores, responses to questions, and postmark to address below by April 1, 2009.**

The Selection Committee of the KAGE Foundation Program greatly appreciates your help.