

**Mississippi Association for Gifted Children**  
**ELIZABETH MOSLEY MEMORIAL STUDENT**  
**SCHOLARSHIPS**

Application Deadline: April 1<sup>st</sup>

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: \_\_\_\_\_

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**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: \_\_\_\_\_