

Mississippi Association for Gifted Children
Elisabeth Mosley Memorial Scholarship
Application Deadline: March 15th

Student's Name: _____

(Prior MAGC scholarship recipients are not eligible for nomination.)

Address: _____

Grade: _____ Age: _____ School: _____

Program Choice: _____

(Include a completed application for the program. Must be a camp or program in Mississippi.)

Total Cost of Program: _____

Nominating Teacher: _____

School: _____

School Address: _____

Teacher Contact Info: Phone _____ E-Mail: _____

(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.

Please mail completed nomination packet to:
Deborah L. Holt 18032 Allen Road Long Beach, MS 39560
Thank you for taking advantage of this opportunity for your students.

