

SOUTHLAKE ASSOCIATION FOR THE GIFTED AND TALENTED (SAGT) SCHOLARSHIP

\$1500 Cash Scholarship



Eligibility requirements:

- Applicant must be a graduating senior in the Spring of 2020 and plan to attend an accredited college/university. The applicant is not required to be enrolled in the GT program or a GT class.
- One parent must be an active member of SAGT as of February 1, 2020. If you are in question whether you are current member please go to the SAGT website southlakegifted.org and click on the "Am I a Member?" button.
- Verification may take up to 48 hours.
- The scholarship money will be sent directly to the college/university upon enrollment in Summer or Fall 2020. Students will be required to provide a current Enrollment Verification Certificate from the accredited college/university they are attending to the SAGT Scholarship Board.

Directions:

1. All portions of the application must be completed. Any incomplete applications will not be reviewed.
2. Application must be submitted by midnight CST on March 27, 2020.
3. After the application is received, you and your adult SAGT member will receive an email confirmation. This email confirmation must be saved, if proof is needed that submission was completed. If you DO NOT receive a confirmation for any

reason, it is the applicant's responsibility to contact the SAGT Scholarship Committee prior to the submission deadline. No submissions will be considered after the deadline out of fairness to all participants.

4. **Your name may NOT appear on any portion of the application besides the cover sheet.**

Scholarship winner will be notified by April 27, 2020. He/she will be presented with the award at both the Senior Awards presentation on **May 1, 2020** and the CISD School Board meeting on **May 4, 2020**.

There are two requirements to this application.

1. An Essay. Tell us about your gift or talent, how you are pursuing your passion and how you use it to benefit others (maximum of 500 words).
2. Teacher or Adult Recommendation. This may be a teacher, instructor, coach, employer, or other meaningful adult who can complete the Adult Recommendation portion of this application.

The Student's name or any identifying information (i.e. he or she etc.) must NOT be written on any of the above requirements.

WARNING: All fully completed online applications will receive a confirmation email immediately after applicant clicks submit. This email MUST be saved for proof of submission if and when in question. Without this email confirmation the SAGT Scholarship Board WILL NOT consider this applicant.

*****If for any reason you have not received an email it is your responsibility to contact the board:scholarships@southlakegifted.org*****

Applicant Name: *

First Name	Last Name
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Student

Applicant Email: *

example@example.com

student

Anticipated University: *

Adult SAGT Member Name: *

Adult

Adult SAGT Member Email: *

Adult SAGT Member Phone Number: *

-

Area Code

Phone Number

PUBLICITY AND DISCLOSURE FORM



I,

Name *

hereby warrant that I am

choose one: *

- the parent of the minor "my child"
- the legal guardian of the minor "my child"
- at least 18 years old and participating as an applicant in the SAGT Senior Scholarship application process.


I understand that by signing and submitting my application, I have agreed to the following:


- I verify that all the information submitted in any part of the application is true and accurate.
- My child/my name and image may be used in SAGT and CISD electronic media (i.e. websites, emails, social media, etc.) and written publications (i.e. newspapers, magazines, etc.).

I HAVE READ, FULLY UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE *

Clear

Date: *

 02-10-2020

ADULT RECOMMENDATION FORM 

Click the recommendation request link below to request a recommendation from a designated teacher or an adult of your choice. It is your responsibility to follow up with your teacher/adult to ensure the recommendation has been completed in a timely fashion. You will receive an email notification when the recommendation form is completed.

This recommendation request can be sent out at any time including prior to completing the remainder of this application.

[RECOMMENDATION REQUEST](#)


SUBMIT YOUR ESSAY & TRANSCRIPT 

Download Your Transcript: (pdf - preferred, jpeg, jpg, png, gif formats only) *

no file selected

Download Your Essay: (pdf - preferred, doc, docx formats only) *

no file selected

SUBMIT YOUR COMPLETED APPLICATION 

[CLICK HERE TO SUBMIT ENTIRE SAGT SCHOLARSHIP APPLICATION](#)

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