

KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

A Needs-Based Program

2013 FINANCIAL ASSISTANCE APPLICATION

THE KAGE FOUNDATION,
established in 1984, provides financial assistance to qualified elementary and secondary students throughout Kentucky who, because of financial need, would otherwise be discouraged from participating in the summer gifted programs offered by Kentucky's public universities. Financial assistance to the summer gifted programs is awarded to highly qualified students primarily on the basis of individual financial need. As a rule, only partial financial assistance is awarded. This policy allows for limited funds to serve as many students as possible.



Supported by Generous Donors from Across Kentucky and Beyond

KAGE • PO Box 9610 • Bowling Green, KY 42102-9610 • kage@wku.edu • 270.745.4301
This form is also available on the KAGE website at www.kagegifted.org/kage-foundation/

KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

A Needs-Based Program

INSTRUCTIONS FOR APPLYING FOR FINANCIAL ASSISTANCE FOR 2013

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.

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 OF THIS PACKET COMPLETELY. Important: Applications that are not completed will not be processed and will not receive any financial assistance.**
3. **INCLUDE A LETTER YOU HAVE WRITTEN** explaining why you want to attend the program. See page 4 for items to include in your letter.
4. **PARENT/GUARDIAN CONSENT FORM** needs to be completed and signed. The application cannot be considered without this page (page 5).
5. **INCLUDE** pages 1 and 2 of the most recent IRS 1040 tax form available and other statements, if applicable (page 6).
6. **FINANCIAL STATUS AND PARENT/GUARDIAN NARRATIVE** that share information about you and the reasons for financial aid must be completed (page 6).
7. **SCHOOL RECORDS RELEASE FORM** (page 7): The school will need this form to release student records; i.e., test scores and the nomination/narratives from educators.
8. **EDUCATOR NOMINATION FORMS** (pages 8-9) must be completed and signed. This educator 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. **A follow-up discussion with this person to ensure that the requested material is sent to the KAGE office is recommended.** Your application is considered incomplete without the educator nomination forms and is not processed.
9. **OPTIONAL:** You may add additional information that you feel would help the selection committee make a more informed decision.
10. **SEND ALL COMPLETED APPLICATION MATERIALS** to KAGE, PO Box 9610, Bowling Green KY 42102-9610 and **POSTMARKED BY MARCH 11, 2013.**
11. **CONTACT THE KAGE OFFICE** to make sure your financial assistance application has been received and is complete! See below for contact information.

Foundation Assistance Notification: All applicants will receive a notice (**by April 30**) regarding the selection committee's decision. If awarded financial assistance, you will be asked to respond with your acceptance decision.

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



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APPLICATION CHECKLIST:

THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH YOUR APPLICATION BY MARCH 11, 2013.

Incomplete requests will not be processed.

- _____ Application Cover Sheet (page 4)
- _____ Include a letter to the KAGE Foundation Program Selection Committee explaining why you want to attend the program. This letter is essential! (page 4)
- _____ Parent/Guardian Consent Form (page 5)
- _____ Pages 1 and 2 of Most Recent IRS 1040 Tax Form (page 6)
- _____ Parent/Guardian Narrative (page 6)
- _____ Most Recent Test Scores (Please confirm that the scores have been sent, page 8)
- _____ Educator Nomination Forms (pages 8-9). **Follow-up with this person to ensure that requested material is sent to the KAGE office. Application is considered incomplete without it and is not processed.**
- _____ Include other supporting data, such as financial information, letters, etc.

Please mail all information to:

KAGE

BOX 9610

BOWLING GREEN, KY 42102-9610

APPLICATION FORM MUST BE POSTMARKED

(PLEASE DO NOT FAX) BY March 11, 2013

If you have any questions, please contact:

Lynette Baldwin, KAGE, 270.745.4301 (kage@wku.edu).

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.

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APPLICATION FORM MUST BE POSTMARKED (PLEASE DO NOT FAX) BY MARCH 11, 2013, TO:

KAGE

P.O. BOX 9610

BOWLING GREEN, KY 42102-9610

Student's Name: _____

Home Address: _____
street address *city* *zip code*

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 been accepted: _____

For the Applicant:

INCLUDE A LETTER YOU HAVE WRITTEN EXPLAINING:

- why you want to attend the program
- your interests and what you care about
- a list of clubs, organizations, and activities in which you are involved
- your leadership roles

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: _____

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PARENT/GUARDIAN CONSENT FORM

Name of Student _____

Address _____

City/State/Zip _____

Phone (day) _____

Email _____

For the Parent or Guardian:

Please initial where requested below, then sign at the bottom.

- I hereby give permission for my child to apply to the Kentucky Association for Gifted Education Foundation Program.
_____ (Your initials if you have done so.)
- 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).
_____ (Your initials if you have done so.)
- 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.
_____ (Your initials if you agree)
- 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.
_____ (Your initials if you agree)

Parent or Guardian Name (please print)

Parent or Guardian's Signature

_____ Date _____

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FINANCIAL STATUS AND PARENT/GUARDIAN NARRATIVE

Student's Name: _____ Date: _____

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

under \$10,000 \$10-20,000 \$20-30,000) \$30-40,000 \$40,000 & over

IMPORTANT:

- ATTACH pages 1 and 2 of most recent IRS 1040 tax form.
- ATTACH additional information or clarification about the family's financial situation that will explain the need for financial assistance.

** FOR FAMILIES experiencing extreme financial difficulties, also attach a current financial statement which has been notarized and signed by a certified public accountant.*

Other household information:

_____ Size of Household _____ Number of children under 18
_____ Number of dependents Single parent household? _____ YES _____ NO

PARENT OR GUARDIAN NARRATIVE:

The Foundation Financial Assistance Selection Committee carefully considers all information and thinks the narrative from the parent an especially important piece.

On a separate sheet:

- Explain why your child would benefit from the summer program he or she wants to attend. The selection committee would also like to know about your child's interests, curiosity, and originality of thought.
- Please describe the financial need.
- You may add additional comments which you feel would be helpful in the selection process.

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

Parent/Guardian Signature _____ Date: _____

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SCHOOL RECORDS RELEASE FORM

Parent or Guardian:

Please sign this form and give to your child's school guidance counselor, principal, or teacher when requesting test scores and educator narratives. The school will need this form for permission to release student records. Please be advised that this form becomes a part of your child's permanent record.

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: _____

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EDUCATOR NOMINATION FORM, PART 1

Dear Educator:

This student is interested in attending a summer program for gifted students, and has applied for financial assistance from the Kentucky Association for Gifted Education (KAGE) Foundation Program. The KAGE Foundation and Student are requesting your help in gathering information that will help the Foundation understand the student and the financial need. We hope that you will be able to provide the following information. If you are not able to complete the information requested, please give the form to or suggest to the student someone who will.

Lack of an educator nomination form means the Foundation Selection Committee will consider the student's request for financial assistance as incomplete and will not process the application.

Questions can be directed to KAGE by emailing kage@wku.edu or calling 270.745.4301. The KAGE Foundation Program Selection Committee greatly appreciates your help.

Student's Name: _____ Date: _____

Educator's Name: _____ Telephone: _____

School Address: (City, State, Zip) _____

Email address: _____

Your relationship to applicant: _____

WE REQUIRE A COPY OF THE LATEST NORMED REFERENCED TEST SCORES, (i.e., ITBS, CTBS, ACT, SAT).

Please mail requested information to KAGE at the address below **by MARCH 11, 2013.**

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EDUCATOR NOMINATION FORM, PART 2

Your comments are very important in order for the Selection Committee to have the most accurate and complete picture of the applicant. Please use the bulleted points below to help frame your response. 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.

Use as many additional sheets as needed to write your narrative about the student.

- 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. Add additional comments which you feel might be helpful in the selection process.
- Please explain why this student would benefit from attending a summer program for gifted students.

NOTE:

THE STUDENT APPLICATION IS CONSIDERED INCOMPLETE WITHOUT
YOUR INFORMATION AND IS NOT PROCESSED.

Please contact the KAGE office if you have any questions - kage@wku.edu or 270.745.4301.

Please mail all requested information to the address below by MARCH 11, 2013.

KAGE

PO Box 9610

Bowling Green, KY 42102-9610