

# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

## *A Needs-Based Program*

### 2020 FINANCIAL ASSISTANCE APPLICATION

THE KAGE FOUNDATION,  
established in 1984, provides financial assistance to qualified elementary, middle, 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. These programs provide highly capable students with curricula different from that in most regular classrooms and offer opportunities for students to work with their intellectual peers. Financial assistance to the summer gifted programs is awarded to highly qualified students primarily on the basis of individual financial need.

*Families earning \$60,000 or less are eligible for consideration; this income restriction may be modified based on family size or very special circumstances.*

YOU MAY ALSO APPLY TO THE KAGE FOUNDATION USING AN ONLINE FORM AT  
[www.kagegifted.org/kage-foundation/](http://www.kagegifted.org/kage-foundation/)



*Supported by Generous Donors from Across Kentucky and Beyond*

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kage@wku.edu • 270.745.4301 • KAGE • PO Box 9610 • Bowling Green, KY 42102-9610  
This form and an online application is available at [www.kagegifted.org/kage-foundation/](http://www.kagegifted.org/kage-foundation/)

# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

*A Needs-Based Program*

## INSTRUCTIONS FOR APPLYING FOR FINANCIAL ASSISTANCE FOR 2019

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 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** discussing 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 plus any schedules filed. Please mark out all social security numbers and tax identification numbers (page 5).
6. **PARENT/GUARDIAN LETTER** completed that shares information about you and the reasons for financial aid (page 5).
7. **EDUCATOR LETTER OF RECOMMENDATION** (page 6) 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. (Home-schooled students: contact the KAGE office at kage@wku.edu or 270.745.4301)
8. **SCHOOL RECORDS RELEASE FORM** (page 7): The school will need this form to release student records (i.e., test scores and the nomination letters from educators.) Home-schooled students: contact the KAGE office at kage@wku.edu or 270.745.4301.
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 (POSTMARKED BY APRIL 30, 2020) to**  
**KAGE, PO Box 9610, Bowling Green KY**
11. **CONTACT THE KAGE OFFICE to make sure your financial assistance application has been received and is complete!**



kage@wku.edu • 270.745.4301 • KAGE • PO Box 9610 • Bowling Green, KY 42102-9610

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# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

## *A Needs-Based Program*

### 2020 FINANCIAL ASSISTANCE APPLICATION CHECKLIST:

THE FOLLOWING ITEMS ARE TO BE SUBMITTED WITH YOUR APPLICATION BY MARCH 31, 2019:

*Incomplete requests will not be processed.*

- \_\_\_\_\_ 2020 Financial Assistance Application
- \_\_\_\_\_ Letter explaining why you want to attend the program, including the need for financial aid. This letter is essential! (page 4)
- \_\_\_\_\_ Parent/Guardian Consent Form (page 5)
- \_\_\_\_\_ Pages 1 and 2 of Most Recent IRS 1040 Tax Form (page 5)
- \_\_\_\_\_ Parent/Guardian Narrative (page 5)
- \_\_\_\_\_ Most Recent Test Scores (Please confirm that the scores have been sent, page 6)
- \_\_\_\_\_ Educator Nomination Forms (page 6). **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. (Home-schooled students should contact KAGE about Educator Nomination Forms.)**
- \_\_\_\_\_ Optional: Include other supporting data, such as financial information, letters, etc.

### Mail all information to:

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

APPLICATION FORM MUST BE POSTMARKED (DO NOT FAX) BY **APRIL 30, 2020**

If you have any questions, please contact: **Tracy Inman, 270.745.4301 (tracy.inman@wku.edu)**.

**Other possible financial assistance resources:** In the past, students have been able to receive assistance from businesses or groups in their community. Community-oriented groups such as Rotary or Optimists often have financial assistance funds for students. 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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### 2020 FINANCIAL ASSISTANCE APPLICATION

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

Home Address: \_\_\_\_\_  
number street city zip code

Telephone: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_  
(this is \_\_ cell/ \_\_ home/ \_\_ work)

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

Mother/Guardian: \_\_\_\_\_  
name

Father/Guardian: \_\_\_\_\_  
name

\_\_\_\_\_ address (if different from student)

\_\_\_\_\_ address (if different from student)

\_\_\_\_\_ telephone (this is \_\_ cell/ \_\_ home/ \_\_ work\_

\_\_\_\_\_ telephone (this is \_\_ cell/ \_\_ home/ \_\_ work\_

\_\_\_\_\_ email address

\_\_\_\_\_ email address

\_\_\_\_\_ employer, occupation

\_\_\_\_\_ employer, occupation

School student is currently attending: \_\_\_\_\_

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

Name of summer program to which you have been accepted: \_\_\_\_\_

Amount of money requested: \_\_\_\_\_

#### *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 will 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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# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

## *A Needs-Based Program*

### 2020 FINANCIAL ASSISTANCE APPLICATION PARENT/GUARDIAN CONSENT FORM

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

*For the Parent or Guardian:*

Please initial on the line by each bullet, then sign.

- I hereby give permission for my child to apply to the Kentucky Association for Gifted Education (KAGE) 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 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. \_\_\_\_\_

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

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

### FINANCIAL STATUS AND PARENT/GUARDIAN NARRATIVE

What is your adjusted gross income for the household (from the most recent IRS Form 1040\*): \_\_\_\_\_

IMPORTANT:

- ATTACH pages 1 and 2 of most recent IRS 1040 tax form. Mark out social security and tax id number.
- ATTACH additional information or clarification about the family's financial situation that will explain the need for financial assistance. Be sure to explain any extraordinary expenses you have.

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 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. *Explain fully. This piece is very important.*
- 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.**

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# KENTUCKY ASSOCIATION FOR GIFTED EDUCATION FOUNDATION

## *A Needs-Based Program*

### 20120 FINANCIAL ASSISTANCE APPLICATION

#### EDUCATOR NOMINATION FORM

*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 is 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.

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

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

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

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

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

#### **Part 1: Data**

**SEND A COPY OF THE LATEST NORMED REFERENCED TEST SCORES, (i.e., ITBS, CTBS, ACT, SAT) by April 30, 2020, to KAGE at address below or by emailing [kage@wku.edu](mailto:kage@wku.edu). The student has a school records release form for you to sign and keep.**

#### **Part 2: Narrative**

**The narrative is a critical component.** Use the bulleted points to help frame your response. Answer each question to the fullest extent of your knowledge of the applicant.

- Give brief examples describing the student's interests, hobbies, curiosity, and originality of thought.
- Please discuss any factors that would help the Foundation Committee to understand the student's financial as well as educational needs. Add additional comments which you feel might be helpful in the selection process.
- Explain why this student would benefit from attending a summer program for gifted students.

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

**Please mail all requested information by MARCH 31, 2020 to**

KAGE  
PO Box 9610  
Bowling Green, KY 42102-9610

OR EMAIL: [KAGE@WKU.EDU](mailto:KAGE@WKU.EDU)

**Please contact the KAGE office if you have any questions - [kage@wku.edu](mailto:kage@wku.edu) or 270.745.4301.**

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## 2020 FINANCIAL ASSISTANCE APPLICATION

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