The South Carolina Consortium for Gifted Education

2010 Summer Scholarship Application

Student Name: _____
First Middle Last

Address: _____
Street or Box Number

_____
City State Zip Code

Phone: _____
Home Phone Parent Work Phone

Sex: M_____ F_____ Ethnicity: _____

School: _____ District: _____

School Address: _____
Street or Box Number

_____
City State Zip Code

Current Grade: _____

I understand that by signing this application I am making a commitment for my son/daughter to attend a summer program for gifted students should he/she receive the scholarship. It is my responsibility, with advice from my school district, to select the appropriate summer program.

Signatures: _____ Date: _____
Student

_____ Date: _____
Parent