

**GARLAND AREA PARENT ASSOCIATION FOR GIFTED AND
TALENTED (GAPAGT)**

CAMP GISD SCHOLARSHIP APPLICATION

Incomplete or faxed applications will not be considered. A complete application includes:

- Part I: Parent Recommendation Form
- Part II: Student Application Form
- Part III: Adult/Professional Reference Form
(in sealed envelope)

Staple and mail the complete application to:

GAPAGT
PO BOX 474
ROWLETT, TX 75030-0474

Applications must be postmarked by May 1st. Scholarship winners will be notified no later than May 15. Scholarship award funds will be paid directly to Camp GISD Administrative Offices. All decisions of the selection committee are final. **Please note: Student must register for the camp directly to GISD with a separate Camp GISD registration form.**

**Garland Area Parents Association for Gifted and Talented
Mission Statement**

The Garland Area Parent Association for Gifted and Talented is an independent volunteer organization of parents, educators, and community partners supporting gifted and talented students in the Garland ISD, including the cities of Garland, Sachse and Rowlett, Texas. The Association offers parenting resources, advocacy information, and partnership opportunities to promote appropriate educational services for the unique social, emotional and intellectual needs of all gifted and talented students. For more information visit our website at www.gapagt.org

This application is for a CAMP GISD SCHOLARSHIP ONLY

GAPAGT CAMP GISD SCHOLARSHIP APPLICATION

PART I – TO BE COMPLETED BY PARENT

Date: _____

Student Name: _____ Sex _____ Age: _____

Student's Current School: _____ Grade Level: _____

Parent's Name: _____ Telephone #: _____

Home Address: _____
Street/Box City State ZIP

Email Address of Parent or Guardian: _____

Camp GISD Registration Fee: _____ Scholarship Amount requested : _____

Are you a GAPAGT member? Yes _____ No _____

(GAPAGT membership is appreciated but not required; however, in the case of multiple qualified applicants, membership may be used as tie breaker.)

PARENT/GUARDIAN RECOMMENDATION

INSTRUCTIONS TO THE PARENT/GUARDIAN:

GAPAGT is interested in learning about the child you are recommending. Please answer the question below and tell us why this child should be considered for a GAPAGT Camp GISD Scholarship. The more we understand about your child and their interests in attending Camp GISD the better the chances will be to win a GAPAGT Camp GISD Scholarship. If you need additional space, use blank sheets of paper. Please use examples when describing elements such as the child's strengths, motivation, character, achievements, special interests, talents and extra curricular activities.

1. What should the GAPAGT Scholarship Selection Committee know about your Child?

GAPAGT CAMP GISD SCHOLARSHIP APPLICATION

PART II – TO BE COMPLETED BY STUDENT

Your name: _____

Name of your school: _____ What grade are you in? _____

Have you attended Camp GISD in the past? _____

What are your top three class choices at Camp GISD this summer?

1. _____

2. _____

3. _____

INSTRUCTIONS TO THE STUDENT:

GAPAGT is interested in learning about your interest in Camp GISD. In your own words, please answer the questions below. The more we understand about your interests in attending Camp GISD and why you want to earn a scholarship the better your chances will be to win a GAPAGT Camp GISD Scholarship. You can hand-write (print) or use a computer to answer the questions. If you need additional space, use blank sheets of paper.

QUESTIONS:

1. Why do you want to come to Camp GISD this summer?

2. Why should GAPAGT consider you for a Camp GISD Scholarship?

GAPAGT CAMP GISD SCHOLARSHIP APPLICATION

ADULT/PROFESSIONAL RECOMMENDATION FORM:

Student Name: _____

Name of School: _____

Name of Person making recommendation: _____

Relationship to student (e.g. teacher, mentor, other):

E-Mail Address: _____ Telephone #: _____

If you are a teacher, please answer the following :

Grade and Subject(s) currently teaching: _____

Does your class include identified gifted/talented students? Y/N: _____

INSTRUCTIONS TO ADULT/PROFESSIONAL:

GAPAGT is interested in learning about the student you are recommending. Please answer the question below and tell us why this student should be considered for a GAPAGT Camp GISD Scholarship. The more we understand about the student and their interests in attending Camp GISD the better the chances will be to win a GAPAGT Camp GISD Scholarship. If you need additional space, use blank sheets of paper. Please elaborate with examples when describing elements such as the student's strengths, motivation, character, achievements, special interests, talents and extra curricular activities. **IMPORTANT: Please return completed recommendation form to the student in a sealed envelope.**

1. What makes this student deserving of a Camp GISD Scholarship?