

STS Scholarship Application - Sponsor's Recommendation

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TO THE SPONSOR: This form is only for recommending a student who is NOT attending a Columbus City School.

Use this form to recommend a student who is attending a PUBLIC SCHOOL, OR a CHARTER SCHOOL OR a PRIVATE OR PAROCHIAL SCHOOL where you work. Please fill out this survey completely by March 3, 2016.

If you have any questions about the application process OR if you need help with this application, you may

1. call an STS member at 614-370-1912 **OR**
2. email STS at STSinfo@supportfortalentedstudents.org

Sponsor Information

Sponsor's First Name _____

Sponsor's Last Name _____

Sponsor's Official Title or Position _____

Sponsor's Work Phone (Area Code First): _____

Sponsor's E-mail: _____

Name of School where you work and where the student attends classes

Name of the School District: _____

The School Type:

___ Ohio public school (not Columbus City Schools)

___ Charter school

___ Private or parochial school

School Street Address: _____

School City: _____

School Zip Code: _____

Student's First Name _____

Student's Last Name _____

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Method Used to Identify the Student as Gifted

STS uses the State of Ohio definition for "Gifted" and its guidelines for identifying those students. See <http://education.ohio.gov/getattachment/Topics/Other-Resources/Gifted-Education/Rules-Regulations-and-Policies-for-Gifted-Educatio/TheLawORC3324-01-07.pdf.aspx>

Please check the categories that apply to the student.

- Superior Cognitive
- Creative Thinking
- Visual/Performing Arts
- Mathematics
- Science
- Reading, Writing, or a combination
- Social Studies

Name of Test or Evaluative Tool: What evaluation tool was used to identify this student as gifted or talented?

Provide the Score the Student Earned.

Sponsor comments: Sponsor comments are particularly valuable in the scholarship selection process. Please use the space below if you wish to share with STS any important information regarding this student.

Sponsor's Certification and Signature

"I certify that the student named above has been identified as gifted or talented according to the Rule of the State of Ohio. I also certify that I am the student's gifted teacher, gifted coordinator, classroom teacher or counselor."

Full Name _____

Date of Signature _____