

# STS Scholarship Application - Sponsor's Recommendation

Counselors, gifted specialists, or other educational personnel must sponsor students applying for Summer Scholars funding who do NOT ATTEND Columbus City School. This verifies the students' eligibility and gifted identification. Sponsors, please complete the form below for each student applying for the program.

TO THE SPONSOR: 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.

If you have any questions about the application process OR if you need help with this application, you may email STS at [STSinfo@supportfortalentedstudents.org](mailto:STSinfo@supportfortalentedstudents.org)

Email a scanned copy of this form to the email address above or mail this completed form to:

Support for Talented Students, Inc. Scholarship Committee  
2200 Lane Woods Drive  
Columbus, OH 43221

## SECTION 1 of 2

### Base Applicant and 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: \_\_\_\_\_

Name of the school where you work and where the student attends classes:

\_\_\_\_\_

Name of the School District: \_\_\_\_\_

School District of Sponsor and Student:

The School Type: (check one)

Ohio public school (not Columbus City Schools)

Charter school

Private or Parochial school

Other

School Street Address: \_\_\_\_\_

School City: \_\_\_\_\_ School Zip Code: \_\_\_\_\_

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

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

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## SECTION 2 of 2

### 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>

### Student's Areas of Gifted Identification

One or more of the following boxes MUST be checked:

<input type="checkbox"/> Superior Cognitive	<input type="checkbox"/> Creative Thinking	<input type="checkbox"/> Visual/Performing Arts
<input type="checkbox"/> Mathematics	<input type="checkbox"/> Science	<input type="checkbox"/> Reading, Writing, or a combination
<input type="checkbox"/> Social Studies		

### Name of Test or Evaluative Tool

What evaluation tool was used to identify this student as gifted or talented? Name the test or evaluation tool: \_\_\_\_\_

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.

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

Please type your full, legal name to certify this student meets the criteria for identification of the "Gifted" or "Talented" student by the State of Ohio. Your entry of your legal name will become your electronic signature.

Today's Signature Date: \_\_\_\_\_

Enter today's date as your Date of Signature