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| **Applicant Name:** | | | | | | |  | | | | | | | **High School:** | | |  | | | |
| **Phone Number:** | | | | | | |  | | | | | |  | |  | | | | | |
| **Email Address:** | | | | | | |  | | | | | | | | | | | | | |
| **Home Address:** | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | *Please include: number, street name, apt #, city/town/borough and zip code* | | | | | | | | | | | | | |
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| **Please check the appropriate box(es) below indicating which gifted program(s) you have participated in:** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | **Number of years in each program** | | **From**  *(year)* | | | | **To**  *(year)* | | | |  |
|  | | |  | | | | **Elementary Gifted Program** | | |  | |  | | | |  | | | |  |
|  | | |  | | | | **Middle School Gifted Program** | | |  | |  | | | |  | | | |  |
|  | | |  | | | | **High School Gifted Program** | | |  | |  | | | |  | | | |  |
| **The Gifted PAC Scholarship is available to students whose families are active members of the GPAC. Please indicate your family membership status for 2023-2024:** | | | | | | | | | | | | | | | | | | | | |
|  | I have verified that my family’s GPAC membership is current. We have paid the annual $15 family dues for 2023-2024. Dues can be paid at <https://paypal.me/GiftedPAC>. Information about GPAC can be found at <https://www.wcasd.net/Page/6893>. | | | | | | | | | | | | | | | | | | | |
|  | I am requesting a membership dues waiver due to financial hardship. | | | | | | | | | | | | | | | | | | | |
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| **ACTIVITIES**  *(If you need more space, attach a separate sheet - make sure your name is on it)* | | | | | | | | | | | | | | | | | | | | |
| **School Activities** | | | | | | *List the activity, duties and grade level(s)* | | | | | | | | | | | | | | |
|  | | **Activity Name** | | | | | | |  | | **Duty** | | | | | | |  | **Grade Level(s)** | |
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| **Outside of School Activities** | | | | | | | | *List the activity, duties and grade level(s)* | | | | | | | | | | | | |
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| **COMMUNITY SERVICE**  List organization, volunteer service, honors received, and grade level(s)  *(If you need more space, attach a separate sheet - make sure your name is on it)* | | | | | | | | | | | | | | | | | | | | |
|  | | **Organization/Volunteer Service** | | | | | | |  | | **Hours & Any Honors/Recognition Received** | | | | | | |  | **Grade Level(s)** | |
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| **HONORS/AWARDS**  *(If you need more space, attach a separate sheet - make sure your name is on it)* | | | | | | | | | | | | | | | | | | | | |
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| **Continue to Essay - next page** | | | | | | | | | | | | | | | | | | | | |

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| |  |  |  | | --- | --- | --- | | **Applicant Name:** |  |  | |
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| **ESSAY**  ***(500 words, double-spaced)*** |
| **Describe an experience from your gifted education that has had a significant impact on you and explain how it has shaped your perspective or your ability to affect others.** |
|  |
|  |

**Email completed application with a copy of your unofficial transcript to the Gifted PAC at:** [**wcasd.gpac@gmail.com**](mailto:wcasd.gpac@gmail.com)

**Email Subject Line must be: “Gifted Program Scholarship Application-YOUR NAME, YOUR SCHOOL”**

**Deadline is April 5, 2024.**

**Scholarship recipients will be notified in early May.**

**Scholarships will be awarded at the Gifted PAC Celebration of Learning on May 22, 2024.**