|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Name:** |       | **High School:** |  |
| **Phone Number:** |       |  |  |
| **Email Address:** |       |
| **Home Address:** |       |
|  | *Please include: number, street name, apt #, city/town/borough and zip code*  |
|  |
| **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. |
|  |  |  |
| **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)** |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
| **Outside of School Activities** | *List the activity, duties and grade level(s)* |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
| **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)** |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
|  |       |  |       |  |       |
| **HONORS/AWARDS***(If you need more space, attach a separate sheet - make sure your name is on it)* |
|       |
| **Continue to Essay - next page** |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |  |  |
| --- | --- | --- |
| **Applicant Name:** |       |  |

 |
|  |
| **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**

**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.**