

# Educator-Directed Scholarship Application



*Our Mission: To Discover, Inspire and Develop the Talents of Middle School Students with Extraordinary Gifts in Mathematics*

(Note: Award is subject to available funding)

**Two CityPlace Drive, Ste. 200  
St. Louis, MO 63141  
(314) 842-5968  
www.MEGSSS.org**

DATE: \_\_\_\_\_

Student Name (please print): \_\_\_\_\_

I am the parent or guardian of the above-name student, and give permission to \_\_\_\_\_ School to complete a program nomination form including family contact information as well as release the certification below to Project MEGSSS only for use in determining financial aid for that program. I understand that this form does not guarantee financial aid, only priority consideration for financial aid under this program.

\_\_\_\_\_  
Parent or Guardian

To: PROJECT MEGSSS

Please consider the above-named student for an Educator-Directed Scholarship for Project MEGSSS. We certify that this student attends our school and qualifies for the Federal Free/Reduced Lunch Program.

Thank You.

School Administrator \_\_\_\_\_

Name of School \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

**Note to Administration:** Please mail this form directly to Project MEGSSS at the address above.