

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 or scan and email to nomination@megsss.org.