



SENG James T. Webb Scholarship Application

Family Information Form

Parent Information (please print) Parent(s) Name(s), Home Address, Email

Telephones _____

Home Work _____

Mobile/Cell _____

Student Information (please print) Student's Full Name

_____ Gender M F

Student's Birth Date _____ Grade (as of Sept. 2018)

Race/Ethnic Background: African-American, Hispanic, Asian, American Indian,
Multi-racial

Languages spoken by the child and his/her family

Is student enrolled in the school Free/Reduced-Price Lunch Program?

Is student enrolled/or expected to enroll in a gifted program? Full Time Cluster
Group/Other Program?

I have attached a letter from adult/title/affiliation (teacher, mentor, psychologist, gifted coordinator, counselor, principal, etc.) verifying evidence of student aptitude or talent (include test data if available). _____

I have attached the **Student Statement of Interest** from this child _____

Does student have special/dietary needs? If yes, please explain. No

Yes _____

***My signature indicates that (1) the information provided is true to the best of my knowledge; (2) I agree that if I am awarded a scholarship, I will provide to SENG a letter stating how the conference has helped our family within 30 days of the event; and (3) I consent to SENG's use of conference photos for educational/promotional purposes in print/online.**

Parent Signature: _____

Print Parent Name: _____

***Signature Date:** _____

Application due: **June 15, 2019** – Applicants will receive award notification by **July 10, 2019. Questions?** Please call the SENG office at (845) 797-5054.

**Please return your completed application — including supporting letters —
by June 15, 2019 to:**

- Email: office@sengifted.org
- Fax: (866) 728-4990
- Mail: SENG Webb Scholarship, P.O. Box 962 Clifton Park, NY 12065

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