**MISSISSIPPI DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION**

**DIRECTIONS FOR COMPLETING**

**THE SPEECH-LANGUAGE THERAPY PROGRAM/SCHOLARSHIP APPLICATION (NATE ROGERS)**

**SCHOOL YEAR 2017-2018**

**STUDENT INFORMATION**

**Student Name:** List the full legal name of the student as it appears on his/her birth certificate. Do not use nicknames.

**Student Address:** List the address where the student resides.

**Student Date of Birth:** List the student’s date of birth.

**Student Social Security Number/Mississippi Student Information System (MSIS) Identification Number:** List the student’s social security number or the student’s MSIS identification number.

**Entering Grade:** List the grade the student will be in for the 2017-2018 school year.

**Parent/Guardian Name:**  List the full legal name of the parent or legal guardian of the student.

**Parent Address:** List thecurrent address of the parent or legal guardian.

**Email Address:** Provide an email address if available, if not, put NA.

**Phone Number:** Provide a phone number or contact number where you can be reached.

**PREVIOUS SCHOOL INFORMATION**

**District:** List the name of the district where the student attended the previous school year (2016-2017).

**District of Residence:** List the name of the school district where you reside.

**School:** List the name of the school attended during the 2016-2017 school year.

**Specific Dates of Enrollment:** List the beginning and ending dates of enrollment for the 2016-2017

school year.

**Public/Nonpublic:** Indicate if the school attended was a public school or a nonpublic. (Check only one)

**School:** List the name of the nonpublic school that the student will be attending for the 2017-2018

school year.

**Address**: List the address of the Nonpublic school.

**NONPUBLIC INFORMATION**

Put a (√) by each statement and attach the requested documentation.

Sign and date the form.

**Mississippi Department of Education**

**For MDE Office Use:** Date Received: \_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_Denied

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Notification Sent

**Speech-Language Therapy Program/Scholarship Application (Nate Rogers)**

**School Year 2017-2018**

**STUDENT INFORMATION**

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| Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST FIRST MIDDLE  Student Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS CITY ZIP  Student DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Social Security Number/MSIS ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  mm/dd/yyyy (if applicable) 2016-2017 School Year  Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LAST FIRST MIDDLE  Parent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (If different than student) ADDRESS CITY MIDDLE  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PREVIOUS SCHOOL INFORMATION**

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| What district/school did the student attend during the 2016-2017 school year?  District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Specific Dates of Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_ Public \_\_\_\_\_\_\_ Nonpublic |

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| What nonpublic school does the student plan to attend during the 2017-2018 school year?  School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**NonPublic SCHOOL INFORMATION**

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| \_\_\_\_\_\_\_ The student named above has been evaluated and has a primary eligibility ruling of speech-language impairment in accordance with IDEA regulations  as specified in House Bill 896 (2013). **Attach documentation (Determination of Eligibility).**  \_\_\_\_\_\_\_ Documentation of nonpublic school enrollment or registration is attached. |

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Parent/Legal Guardian Signature Date

Please send the completed application and attachments (Certified Mail Return Receipt Requested) to:

Mississippi Department of Education, Office of Special Education

Attn: Speech-Language Therapy Scholarship

P.O. Box 771, Jackson, MS 39205