

MISSISSIPPI DEPARTMENT OF EDUCATION, OFFICE OF SPECIAL EDUCATION

DIRECTIONS FOR COMPLETING

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

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 (DOB): List the student's date of birth.

Mississippi Student Information System (MSIS) Identification Number (optional): List the student's MSIS identification number, if available. It may be found on the student's Eligibility Determination Report.

Social Security Number (required): List the student's social security number.

Grade: List the student's grade at the time of the application.

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

Parent Address: List the current address of the parent or legal guardian, if different from the student.

Email Address: Provide an email address if available, if not, put N/A.

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

PREVIOUS SCHOOL INFORMATION

District of Residence: List the name of the public school district where the student resides.

School: List the name of the school attended during the previous school year.

Specific Dates of Enrollment: List the beginning and ending dates of enrollment for the previous school year.

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

School: List the name of the nonpublic school that the student will be attending in the upcoming school year.

Address: List the address of the nonpublic school.

REQUIRED DOCUMENTATION

Eligibility Determination Report: This document is signed by the committee members who determined the student's primary eligibility.

Enrollment Verification: Attach confirmation that the student is enrolled in the nonpublic school, including the date of enrollment.

For MDE Office Use: Date Received: _____

_____ Approved _____ Denied

_____ Date Notification Sent

**Mississippi Department of Education
Speech-Language Therapy Program/Scholarship Application (Nate Rogers)**

STUDENT INFORMATION

Student Name:	_____	_____	_____
	FIRST	MIDDLE	LAST
Student Address:	_____	_____	_____
	ADDRESS	CITY	ZIP
Student DOB:	_____	MSIS ID (optional): _____	Social Security No. (required): _____
	mm/dd/yyyy		Grade: _____
Parent/Guardian Name:	_____	_____	_____
	FIRST	MIDDLE	LAST
Parent Address:	_____	_____	_____
(If different than student)	ADDRESS	CITY	STATE ZIP
Email Address:	_____	Phone:	_____

PREVIOUS SCHOOL INFORMATION

District of Residence:	_____
School:	_____
Dates of Enrollment:	_____
_____ Public	_____ Nonpublic

What nonpublic, special-purpose school does the student plan to attend?
School: _____
Address: _____

REQUIRED DOCUMENTATION

_____ The student named above has been evaluated and has a primary eligibility ruling of speech-language impairment in accordance with IDEA regulations. Attach Eligibility Determination Report.
_____ Documentation of nonpublic school enrollment or registration. Attach enrollment confirmation from nonpublic school.

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

NATE ROGERS SCHOLARSHIP PARENTAL AGREEMENT

If my child is selected to receive the Nate Rogers Speech-Language Therapy Scholarship, I promise to abide by the items listed below throughout the duration of participation in the program by my eligible child.

- I will notify the Mississippi Department of Education (MDE) within 10 days of a change in status that causes one or more of the listed items to not be met.
- Immediately upon withdrawal from the nonpublic school this scholarship is intended for, I will notify MDE regarding this change in status.
- Immediately upon acceptance of a different MDE-awarded scholarship, I will notify both the Office of Special Education and the nonpublic school of this change in status.

I understand that, should one or more of the listed items not being satisfied, my child's scholarship funds will be forfeited. I further acknowledge that random audits will be conducted by MDE throughout the year to ensure all Nate Rogers Scholarship funds are being appropriately disbursed to eligible students. Any fraudulent use of Nate Rogers Scholarship funds shall be required to be repaid to MDE and reported to the appropriate law enforcement agency, if needed.

My signature below indicates my understanding and acceptance of these items.

Signature

Date