

**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:** 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 upcoming school year.

**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.

**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.

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

**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. (Check only one)

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

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

**NONPUBLIC INFORMATION**

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

Sign and date the form.

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

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

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

**Mississippi Department of Education**

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

**School Year** \_\_\_\_\_

**STUDENT INFORMATION**

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) Upcoming School Year

Parent/Guardian Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Parent Address: \_\_\_\_\_  
(If different than student) ADDRESS CITY MIDDLE

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PREVIOUS SCHOOL INFORMATION**

What district/school did the student attend during the previous school year?

District: \_\_\_\_\_ District of Residence: \_\_\_\_\_

School: \_\_\_\_\_

Specific Dates of Enrollment: \_\_\_\_\_

\_\_\_\_\_ Public \_\_\_\_\_ Nonpublic

**NONPUBLIC SCHOOL INFORMATION**

What nonpublic school does the student plan to attend during the upcoming school year?

School: \_\_\_\_\_

Address: \_\_\_\_\_

**ATTACHMENTS/DOCUMENTATION**

\_\_\_\_\_ 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 Mississippi Code § 37-175-3. **Attach documentation (Eligibility Determination Report).**

\_\_\_\_\_ Documentation of nonpublic school enrollment or registration is attached.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Please send the completed application and attachments to:  
Mississippi Department of Education, Office of Special Education  
Attn: Speech-Language Therapy Scholarship  
P.O. Box 771, Jackson, MS 39205