

EVIDENCE OF ELIGIBILITY

Please check the appropriate option that applies to your specific application.

- Attached are copies of nationally-normed standardized test scores for the applicant indicating a score at the 95th percentile in either a major content area or ability section, (see our website for details www.nsgt.org) or
 - Attached is a copy of a letter from principal or G&T teacher of attended school stating the participation of the applicant in a G&T program and the current grade level of the student, or
 - Attached is a copy of attendance certificate or progress report from G&T program (summer, weekend, scholar), or
- If none of the above are available:
- Attached are two letters of recommendation, one letter from a parent describing talents and abilities of the applicant who is applying and one letter from an educator familiar with the applicant's academic and performance record.

PRIVACY

We respect your child's privacy. Please check the "Yes" box if permission is given or the "No" box if permission is not given then initial.

1. I would like to participate in the online password protected member directory. I understand that it will list the parent's name, child's first name, age, address, email, and phone number. I also understand that I may opt out or exclude information from the listing, and that it complies with the Children's Online Privacy Protection Act (COPPA) see www.ftc.gov/privacy for more details. Yes No
2. I give permission for my child to be contacted by email and access the NSGT website to obtain the benefits of resources and connections to other student members in the NSGT. Yes No
3. I give permission for all information I have provided to the NSGT to be shared with colleges, universities, G&T programs, and other organizations that support NSGT, so they may send my family materials and other information we may find helpful. I understand that NSGT has no control over or responsibility for this third party usage. Yes No

If no, then:

I give permission for only my child's name and contact information to be given for third party usage. I understand that NSGT has no control over or responsibility for this third party usage. Yes No

4. I give permission for my child's name, parent's name, school, to be sent to media to announce the student's membership to the NSGT. Yes No

MEMBERSHIP

Membership Dues and Payment - \$45 per member (\$10 fee reduction per each additional child in the same family. \$10 fee reduction for students who receive free or reduced lunch). Mail all applications in the same envelope. All dues are annual.

Payment Options:

- Check (Make payable to National Society for the Gifted & Talented™ – NSGT)
- Charge my credit card for \$ _____ Card # _____
- Visa MasterCard American Express Expiration Date ____ / ____ 3 or 4 Digit I.D. Code _____
MM YY



Signature of card holder

Printed name

I would like to sponsor gifted children who receive free and reduced lunch.

- One student—bill me \$45.
- Five students—bill me \$225.
- Ten students—bill me \$450.

I would like to make a donation to the NSGT scholarship fund in the amount of:

- \$25
- \$50
- \$100
- other _____

PARENT/GUARDIAN AND STUDENT MEMBER SIGNATURE

I understand that as a parent or legal guardian of a member of the National Society for the Gifted & Talented™ (NSGT), I am responsible for annual dues made payable to NSGT and I and/or my child are eligible for services that are posted on the NSGT website and that any information I provide on this application or during my child's membership term is subject to the Privacy Notice posted at the NSGT website www.nsgt.org. I have reviewed and accept the Privacy Notice and understand this Notice is subject to change at any time, without notice.

Parent/Guardian Signature

Date

Member Signature

Date

PLEASE MAIL APPLICATION WITH PAYMENT TO:

National Society for the Gifted & Talented™ | River Plaza, 9 West Broad Street | Stamford, CT 06902-3788