

ROBERT S GEE FELLOWSHIP FUNDS
PARENT SUPPORT FORM

Dear Parent/Guardian:

Your child has been selected as a possible candidate to receive funds from the Robert S. Gee Fellowship through the Miami Public Schools Enrichment Foundation. Your child has been nominated based upon a teacher's recommendation stating the high intellectual ability, outstanding, sense of ambition and responsibility, involvement or interest in specific activities and the need for funds to achieve personal potential. In order for the process to continue, it is necessary for you to provide us with some additional information.

Below is a brief explanation of the criteria for selection of students. After reading it, please complete the form provided and return it to your child's nominating teacher. It may be necessary, in the final selection, to ask for a financial statement from you to indicate that your child indeed meets ALL of the qualifications as a recipient of the funds.

“ . . . These students will be selected upon the basis of their having exhibited unusually high intelligence, skills and abilities, which are not being fully developed and utilized. The funds from the Fellowship Funds will be available to enhance the educational experience of the student.”

Name of Child: _____

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

City, State, Zip Code: _____

Phone: _____

Please explain why your child should be further considered to receive funds from the Fellowship Fund:

I give permission to the Miami Public Schools to disclose the necessary test scores, grades, Free-reduced Meal data, and other pertinent information to the Selection Committee of the Fellowship Funds in order that my child be further considered to receive funds.

Parent/Guardian Signature

PLEASE RETURN THIS FORM TO YOUR CHILD'S NOMINATING TEACHER