

**New York State Association of
Educational Office Professionals**

Shirley J. Massino Students with Disabilities Scholarship



Applications MUST be postmarked by July 15 and mailed to:

**Cathy Dudley, CEOE
NYSAEOP Scholarship Chairperson
315 Magnolia Ave.
East Rochester, NY 14445**

Please read carefully and follow the Guidelines



**NEW YORK STATE ASSOCIATION
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GUIDELINES FOR SPONSORING MEMBER

This scholarship is designed to assist a high school student with an identified disability who will be pursuing a post-secondary program.

The scholarship is valued at \$250.

SPONSORING MEMBER REQUIREMENTS/INFORMATION:

1. *Applicant must be sponsored by a current Member of NYSAEOP for the Shirley J. Massino Students with Disabilities Scholarship during the current year (Jan 1 – Dec 31). Sponsoring member must submit an application fee of twenty (\$20).*
2. A current Member may sponsor only one candidate and is responsible for distributing packets and collecting the completed application.
3. A sponsoring Member must submit candidate application and supporting documentation to the NYSAEOP Scholarship Chairperson postmarked no later than July 15.

APPLICANT ELIGIBILITY CRITERIA:

1. Satisfactory completion of a majority of the goals as indicated on the student's individualized education plan.
2. Satisfactory participation in school program as indicated by attendance records.
3. Documentation of proof of registration and/or participation in referral procedures for students with disabilities, community-based support agencies, supported-living homes, etc.
4. Samples of exemplary work demonstrating student achievement toward planning for adulthood, including but not limited to goal-setting, consumer awareness, personal care, peer relationships, etc.
5. Other examples of student commitment to his/her entrance to adulthood.

Sponsoring individual must be current NYSAEOP member to be eligible to submit any application for recognition or awards.



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CHECKLIST

APPLICANT ELIGIBILITY

- ___ Application
- ___ Personal statement – either written or video/audio tape
- ___ High School transcript
- ___ Three (3) letters of recommendation (at least one from a teacher, Special Ed Administrator and/or other related service provider)
- ___ Parent/Legal Guardian Release Form and Information Sheet
- ___ Documentation /Proof of Admission to a post-secondary program

SPONSORING AFFILIATE

- ___ Sponsoring Member has paid dues by June 30th of the current year (required)
- ___ \$20 check enclosed (*payable to NYSAEOP*)
- ___ Recommendation of sponsoring Member

Sponsoring individual must be current NYSAEOP member to be eligible to submit any application for recognition or awards.



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LETTER OF RECOMMENDATION FORM

Please attach this form to your written recommendation and return it to the student in a sealed envelope, so it can be included in the completed application packet.

Name of Applicant: _____ **Date of Birth:** ___/___/___

Description of Scholarship: The NYSAEOP Shirley J. Massino Students with Disabilities Scholarship is a \$250 scholarship awarded to a high school senior with an identified disability who will be pursuing a post-secondary program.

The Ideal Candidate: The successful candidate for this scholarship will demonstrate a personal commitment to his/her transition from school-based services to adulthood. The student may demonstrate this commitment in a variety of ways that may include the following:

- Satisfactory completion of a majority of goals as indicated on the student's individualized education plan.
- Satisfactory participation in school program as indicated by attendance records.
- Documentation of proof of registration and/or participation in referral procedures for students with disabilities, community-based support agencies, supported-living homes, etc.
- Samples of exemplary work demonstrating student achievement toward planning for adulthood, including but not limited to goal-setting, consumer awareness, personal care, peer relationships, etc.
- Other examples of student commitment to his/her entrance to adulthood.

Please provide the following information:

Name: _____ Title: _____

School/Organization: _____

Address: _____

Telephone: _____ ext. _____ e-mail: _____

How do you know the applicant? _____

How long have you known the applicant? _____

On a separate sheet of paper or letterhead, please explain why you are recommending the applicant for this scholarship. Please use the description to guide your comments reflecting upon the applicant's understanding of his/her identified disability, ability to self-advocate, academic ability, etc.



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STUDENT APPLICATION

Applicant Information:

Name _____
Last First M.I.

Date of Birth _____ ___ Male ___ Female

Mailing Address _____

Telephone _____

E-mail _____

Parent/Guardian Information

Name(s) _____

Mailing Address (if different from above) _____

Check all that apply: ___ parent
___ legal guardian
___ other relative (specify) _____
___ other (specify) _____

Telephone (if different from above) _____

E-mail _____



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PERSONAL STATEMENT.....

may be written (approximately 100 words) or videotaped (not to exceed 10 minutes)

In your own words, please describe your identified disability and the impact on your daily life, as well as outline your future goals and how a post-secondary program will enhance your life.



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ADDITIONAL DETAILS

Extracurricular Activities:

Community Activities and/or Work Experience:

Hobbies / Skills:



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Authorization for Release of Information / Records

According to the Federal Family Rights and Privacy Act of 1984, no information about a student's academic performance may be disclosed without the written consent of the student, if he/she is 18 years of age or older, or the consent of his/her parent, if the students is under the age of 18.

Applicants are responsible to arrange for transcripts and other required documentation to be submitted to the sponsoring NYSAEOP member. In the event that NYSAEOP finds it necessary to seek additional information, permission is hereby given to the sponsoring NYSAEOP member to contact school officials and others to request additional information.

NYSAEOP is hereby granted permission to share basic information regarding the applicant with its membership as to why the candidate is the recipient of the award.

Print Name of Applicant _____

Signature of Applicant _____ Date _____

Print name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____
(required if applicant is under 18 years of age or unable to sign)



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RECOMMENDATION OF SPONSORING MEMBER

1. Applicant's Name _____
2. Applicant's Address _____

City *State* *Zip*
3. Applicant's Telephone _____
4. Name of Sponsoring Member _____
5. Address of Sponsoring Member _____

City *State* *Zip*
6. Telephone of Sponsoring Member _____
7. Signature of Sponsoring Member _____

Please mail all of the above information to our Scholarship Chairperson:

**Cathy Dudley, CEOE
NYSAEOP Scholarship Chairperson
315 Magnolia Ave.
East Rochester, NY 14445**

**APPLICATION MUST BE POSTMARKED BY JULY 15TH
Remember to enclose \$20 filing fee. Make check payable to NYSAEOP.**

**Sponsoring individual must be current NYSAEOP member to be eligible to submit
any application for recognition or awards.**