

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

**Student with Disabilities Incentive Award**



**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  
OF EDUCATIONAL OFFICE PROFESSIONALS**

**STUDENT WITH DISABILITIES INCENTIVE AWARD**

**GUIDELINES FOR SPONSORING MEMBER**

This incentive award is designed to assist a high school student with an identified disability who will be using funds at the discretion of their parent(s) or guardian(s).

The incentive award is valued at \$250.

***SPONSORING MEMBER REQUIREMENTS/INFORMATION:***

1. *Applicant must be sponsored by a current Member of NYSAEOP for the Student with Disabilities Incentive Award 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 goal 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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<p><b>CHECKLIST</b></p>
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APPLICANT ELIGIBILITY

- Application
- Personal statement – either written or video/audio tape
- Statement from Parent, Guardian, Special Education Teacher, Guidance Counselor, Transition Specialist, or School Psychologist listing a goal on student’s IEP that was achieved during the academic year
- 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

SPONSORING MEMBER

- Sponsoring Member has paid dues by June 30<sup>th</sup> 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 Incentive Award:** The NYSAEOP Student with Disabilities Incentive Award is a \$250 award given to a high school senior with an identified disability who has met one goal on his/her IEP during the academic year.

**The Ideal Candidate:** The successful candidate for this incentive award 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 goal 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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STUDENT WITH DISABILITIES INCENTIVE AWARD**

**ADDITIONAL DETAILS**

Extracurricular Activities:

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Community Activities and/or Work Experience:

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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 15<sup>TH</sup>  
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.**