

STUDENT WITH SPECIAL NEEDS SCHOLARSHIP
Guidelines for Affiliates

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

*****This scholarship is a one time award for the winner. Only applicants who have not received this award may apply.***** The scholarship is valued at \$500.

AFFILIATE REQUIREMENTS/INFORMATION:

1. *Applicant must be sponsored by an affiliate of NAEOP which qualifies as a contributing member to the Student With Special Needs Scholarship during the current year (August 1 – July 31). Affiliates must submit an application fee of twenty (\$20).*
2. An affiliated association may sponsor only one candidate and is responsible for distributing packets and collecting the completed application.
3. An affiliated association must submit candidate application and supporting documentation to the NAEOP office postmarked no later than March 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.

National Association of Educational Office Professionals
P.O. Box 12619 • Wichita KS 67277-2629

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C H E C K L I S T

APPLICANT ELIGIBILITY

- Application – Form 2
- Personal statement – either written or video/audio tape – Form 3
- High School transcript
- Three (3) letters of recommendation (at least one from a teacher, Special Ed Administrator and/or other related service provider) – Form 6
- Parent/Legal Guardian Release Form and Information Sheet – Form 5
- Documentation /Proof of Admission to a post-secondary program

SPONSORING AFFILIATE

- Sponsoring NAEOP affiliate (required)
- \$20 check enclosed (*payable to NAEOP*)
- Recommendation of sponsoring affiliated association – Form 1

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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 NAEOP Student With Special Needs Scholarship is a \$500 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 which 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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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 NAEOP affiliate. In the event that NAEOP finds it necessary to seek additional information, permission is hereby given to the NAEOP affiliate to contact school officials and others to request additional information.

NAEOP 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 Affiliated Association

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

City *State* *Zip*
3. Applicant's Telephone _____
4. Name of Sponsoring Affiliated Association _____
5. Name of Affiliate President _____
6. Address of Affiliate President _____

City *State* *Zip*
7. Telephone of Affiliate President _____
8. Signature of Affiliate President _____