**Scholarship Application**

**New York State Association of Incarcerated Education Programs Inc.**

**Description of Award:** A scholarship of up to $1000.00 is available annually to support post-secondary education. Amount of award and number of recipients will be determined by the scholarship committee.

**Eligibility:**

1. The applicant must be a member, or an immediate family member \*, of a NYSAIEP member in good standing. A member in good standing will be someone who attended the conference or paid their dues the year prior to the application. Ex: For a 2020 application a member should have attended the 2019 conference or paid dues by May 31, 2019. *ATTENTION: FOR 2023 ONLY-- ANYONE WHO REGISTERS TO ATTEND THE MAY 2023 CONFERENCE OR ATTACHES A $50.00 MEMBERSHIP CHECK TO THE APPLICATION WILL BE ELIGIBLE TO APPLY. Check should be made payable to NYSAIEP, INC.*

2. The applicant may be a full or part-time student.

3. Applicants may apply for the scholarship any year they attend a post- secondary educational institute, this does include vocational programs. **However, applicants may only receive the award one time.**

\*Immediate family member may be the son, daughter, stepson, stepdaughter, spouse,

domestic partner, brother, or sister of the NYSAIEP member.

**Instructions:**

1. **All applications should be submitted electronically as well as one copy mailed to the scholarship committee chairperson.** Please print legibly or type all information.

2. All sections of the application must be completed. Applications are subject to verification.

3. Scholarship must be payable to an accredited post-secondary institution, this does include vocational programs. If possible, the recipients will be asked to designate the appropriate institution at the time of application. **AWARDS WILL NOT BE DISBURSED UNTIL AFTER OCTOBER 1st OF THE YEAR IN WHICH THEY ARE RECEIVED.** No exceptions will be made.

**4. A copy of the applicant’s most current official transcript (high school or college as appropriate) must be submitted with application. (This should be directly from the school. It can be electronically submitted or mailed to: Karen Weidman, Vox Consulting, PO Box 253, Mt. Morris, NY 14510)**

5. Both forms of completed applications must bereceivedby April 15th of the year the application is submitted.

6. Any questions can be e-mailed to Karen Weidman at voxconsulting44@gmail.com

Please send completed application to:

Karen Weidman

PO Box 253

Mt. Morris, NY 14510

voxconsulting44@gmail.com

NYSAIEP Scholarship Application

Name:

Address:

City, State, Zip:

Phone:

E-mail:

Name of Association Member (state if self):

Region of Association Member:

Name and address of school attending:

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If name and address is not available at time of application, it will be the responsibility of the recipient to submit information to the scholarship committee chair no later than August 1st of the year of the award in order to receive the scholarship.

NYSAIEP SCHOLARSHIP APPLICATION

List activities in which you regularly participate. This can include community organizations, sports, spiritual, clubs, hobbies, etc. Please be sure to include any awards or acknowledgements you have received.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NYSAIEP SCHOLARSHIP APPLICATION

Please compose a 350-450 word essay describing the importance of continuing your education on a personal level and what you hope your educational experience will help you achieve in the future.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NYSAIEP SCHOLARSHIP APPLICATION

I affirm the information presented is true to the best of my knowledge. I understand that should I be granted a scholarship award it will be sent directly to the educational institution indicated above, or to be later transmitted to the scholarship committee, subsequent to October 1st of the year in which the award has been received. I further understand no exceptions can be made.

By applying for this scholarship, I consent to my name, likeness and school name to be used by NYSAIEP when discussing or promoting the scholarship program.

Name/Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Name/Signature: (if applicant is not member)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

