SCHOLARSHIP SUMMARY

Through the generosity of the Joseph & Mary Daly Varga ‘43 Scholarship Fund, the Exceptional Education Department is pleased to offer a scholarship that pays tuition for 1 semester to one part-time graduate student majoring in special education who is maintaining at least a 3.8 GPA. Applications will be reviewed by three members of the Exceptional Education Department Awards Committee. The award recipient will be notified by mail or telephone by the second week in October.

The recipient will be expected to (1) attend a recognition event on Tuesday, October 21, 2014 and (2) provide a written statement of appreciation to the donor prior to receiving the scholarship. If the recipient cannot make the awards ceremony, s/he is expected to send a representative in her/his place.

PLEASE BE ADVISED: The Financial Aid Office will be informed of the name of the recipient. Receiving a graduate award has an impact on the amount of a loan that a recipient receives. Awards are for one semester only and are based upon New York State residence tuition. This scholarship only covers tuition; not fees.

If you have questions regarding the award application or review process, please feel free to email Dr. Awilda Zagarrigo at ramosza@buffalostate.edu or Dr. Kathy Doody at doodykr@buffalostate.edu

SUBMISSION DEADLINE: September 22, 2014

Completed, typed award applications are due by 4:00 p.m. on Monday, September 22, 2014 via email to exedawards@buffalostate.edu. Applications missing any piece of information and/or not received by email by the due date and time may not be reviewed.

REQUIREMENTS

- Maintain part-time graduate status majoring in special education at SUNY Buffalo State for the 2014-2015 academic year, as verified by college records. NOTE: Full-time students may apply; however, only two courses would be covered if a full-time applicant receives the award.
- Maintain enrollment in a minimum of two classes
- Maintain academic performance of cumulative GPA of 3.8 or higher
- Complete and submit the scholarship application (page 2-3)
- Provide a personal essay (details on page 2)
- List 3 references who can attest to your academic and or personal commitment to the field of exceptional education (page 3)
PERSONAL INFORMATION

Applicant Name: ___________________________ Banner ID: ___________________________

Home Address: ___________________________ Street City State Zip Code

Local Address: ___________________________ Street City State Zip Code

E-mail: ___________________________ Home Phone: ___________________________ Local Phone: ___________________________

COLLEGE INFORMATION

Major: ___________________________________ GPA: ___________________________

(end of Spring 2014)

Number of courses remaining before graduation: ___________________________

Minimum enrollment of 2 courses/semester? □ Yes □ No

PERSONAL STATEMENT

On a separate sheet of paper, please prepare a concise, typed statement that describes your service to individuals with exceptional needs and your career goals. Your double spaced statement should be thoughtful, articulate, and well written and organized. It must address the following points:

a. the importance of being in a teacher preparation program for working with students with special needs
b. your philosophy of education for students with disabilities
c. a description of community based initiatives to serve students with special needs in which you have participated (you can discuss activities related to your coursework at Buffalo State as well as other experiences; e.g. tutoring, after school programs, respite care, etc.)
d. evidence of your commitment to Buffalo State through student organizations, participation in presentations, and/or programs affiliated with Buffalo State
REFERENCES

Submit names of at least three people who can attest to your commitment to special education. References can be individuals who supervised your volunteer or paid experiences and must include one faculty member from within the Buffalo State Exceptional Education Department (cannot be a member of the awards committee).

1) Name ___________________________ Relationship to Applicant ___________________________
   Email ___________________________ Phone ___________________________

2) Name ___________________________ Relationship to Applicant ___________________________
   Email ___________________________ Phone ___________________________

3) Name ___________________________ Relationship to Applicant ___________________________
   Email ___________________________ Phone ___________________________

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge, all information and statements are correct and accurate. I understand that this application, the essay, references, and certification of my cumulative grade point average and enrollment status may be given to the scholarship committee members and donor organization for their review. This information may be used in any press release coinciding with the announcement of this award. I further understand that the name of the award recipient is forwarded to the Financial Aid office and that the amount of any student loan may be affected.

Signature ___________________________________________ Date ______________
Print Name ___________________________________________