SCHOLARSHIP SUMMARY

Through the generosity of the Geraldine and Gustave Werner Foundation, the Exceptional Education Department is pleased to offer a scholarship that pays full tuition for 1 year to one full-time undergraduate student majoring in special education who is maintaining at least a 2.8 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 an undergraduate award has an impact on the amount of a loan that a recipient receives. Awards are for one year only and are based upon New York State residence tuition. Previous winners are eligible to reapply.

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 full-time undergraduate status majoring in special education at SUNY Buffalo State for the 2014-2015 academic year, as verified by college records.
- Maintain academic performance of cumulative GPA of 2.8 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: _____________________________
  Last  First  MI

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)

Class Level for 2014-2015:  □ Freshman  □ Sophomore  □ Junior  □ Senior

Full-time Student?  □ 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 (you can discuss activities related to your coursework at Buffalo State as well as other experiences)
d. evidence of activities that suggest you are becoming a reflective practitioner (this section can be based on coursework – you can describe what you did, what you learned, and what you would do next/differently)
REFERENCES

Submit names of at least three people who can document the quality and quantity of your contribution 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 ____________________________________________

Submit completed application to:
Exceptional Education Department Award Committee
ExEdAwards@buffalostate.edu