NEW YORK SCHOOL TRANSPORTATION EDUCATION SCHOLARSHIP

NOMINATION INFORMATION:

1. The applicant must be the son/daughter of school transportation department personnel working in New York State, or an adult employed by a school bus operator in New York State.

2. For Student applicants, you must:
   a. Be a graduating senior with an average grade of 75 or higher, who intends to extend his/her education or training beyond high school.
   b. Enclose/send a High School Transcript.
   c. Have a parent/guardian employed by a school bus operator that is a current Active Member of NYAPT at the time of the application and award.

3. For adult applicants, you must:
   a. Be employed by a school bus operator at the time of the scholarship award.
   b. Demonstrate that you intend to enroll in an SBDI or 19-A certified examiner program. SBDI and 19-A certified examiner program scholarships are awarded in the amount of the course fee. **OUR THANKS TO THE PUPIL TRANSPORTATION SAFETY INSTITUTE (PTSI) FOR SPONSORING THESE TWO SCHOLARSHIPS!**
   c. Be an Active Member of NYAPT or employed by a school bus operator at the time of the application and award that is a currently Active Member of NYAPT.

4. All applicants:
   a. Include at least three (3) letters of recommendation from a teacher, counselor, principal, clergy, employer, etc.
   b. In a maximum narrative of 350 words, on a separate paper, please include why you think you deserve this award and information on school activities, honors, awards, clubs, extra-curricular activities, volunteer services and work experience and related activities. Please include goals you have set for yourself.
   c. The completed application must be postmarked by March 31, 2020, to:

   NYAPT/NY School Transportation Education Scholarship
   1764 Route 9, PO Box 356, Clifton Park, NY 12065

   d. All applications postmarked after March 31, 2020, will be returned.

5. Scholarship Awards are for course work to be taken after August 1, 2020.

Awarded scholarship payments for students ($1,000 per scholarship) will be made upon submission by the recipient to NYAPT of a Bursar’s Tuition receipt for the fall semester of the school year following the award. **No payments can be made without this documentation.**

6. 19-A and SBDI Scholarship recipients must use the scholarship to enroll in a class that will be held PRIOR to June 30, 2021. No exceptions can be made to this requirement.
NEW YORK SCHOOL TRANSPORTATION EDUCATION APPLICATION

Check Category:  □ High School Senior  □ Adult Working in Transportation

APPLICANT NAME:  ______________________________________________________________________

HOME ADDRESS:  _______________________________________________________________________

CITY:  ___________________________________________    STATE:  __________    ZIP:   ______________

HOME PHONE:  ___________________ CELL PHONE: _________________ EMAIL:  ___________________

1. PRINT NAME OF PARENT/GUARDIAN (if student):  __________________________________________

   SIGNATURE OF PARENT/GUARDIAN (if student):  ________________________________________

   TITLE OF POSITION HELD BY PARENT/GUARDIAN:   _______________________________________

   SCHOOL DISTRICT/EMPLOYER:   ______________________________________________________

   ADDRESS OF SCHOOL DISTRICT:   _____________________________________________________

   CITY:  ________________________________     STATE:  __________     ZIP:   ______________

2. NAME OF HIGH SCHOOL GRADUATING FROM:   ____________________________________________

   COUNTY IN WHICH HIGH SCHOOL IS LOCATED:   _________________________________________

   DATE OF GRADUATION ANTICIPATED:   ________________________________________________

   NAME OF GUIDANCE COUNSELOR: ___________________________________________________

   COUNSELOR EMAIL:  _______________________________________________________________

3. NAME OF COLLEGE YOU PLAN TO ATTEND:   ____________________________________________

   WHICH IS LOCATED IN:   ____________________________________________________________

4. COURSE OF STUDY:   __________________________________________________________________

5. ADULT WORKING IN TRANSPORTATION, PLEASE CHECK SCHOLARSHIPS FOR WHICH YOU ARE APPLYING.
   APPLICANTS MAY APPLY FOR BOTH.   (Our thanks to PTSI for their support of these scholarships!)

   □ 19-A CERTIFICATION   □ SBDI TRAINING PROGRAM

   APPLICANT SIGNATURE:  ___________________________________________   DATE:   ______________

   TRANS. DIRECTOR SIGNATURE:  ______________________________________   DATE:   ______________