



## NEW YORK ASSOCIATION FOR PUPIL TRANSPORTATION

1764 Route 9 / P.O. Box 356 / Clifton Park, NY 12065 / 518.463.4937 / www.NYAPT.org

# NYAPT

*Our future is riding with us!*

## SCHOOL BUS DRIVER and ATTENDANT/MONITOR TEAM OF THE YEAR AWARD

To Honor those Individuals Who Drive and Help to Transport our Children Safely  
Each Day

### Information and Application Materials

#### PURPOSE

The School Bus Driver and Attendant/Monitor Team of the year Award is established to recognize a Driver and Attendant/Monitor Team who exemplifies the characteristics of excellence and quality and whose work results in a safer school bus ride and environment for our children.

It is not our intent to select someone each year who is “better” than all the rest, but to allow ourselves to pause for a moment to recognize someone who is an exceptional school bus driver and attendant/monitor team measured against the criteria we have defined. This is not a competition, but a recognition and celebration.

#### ELIGIBILITY:

- The team’s employer/supervisor must be a member in good standing of the New York Association for Pupil Transportation for at least two consecutive years prior to this nomination;
- The driver must possess a valid CDL with passenger endorsement, school bus endorsement and no points on their driving record; the aide must meet all mandated standards.
- Nominees must have been employed for at least two full years with the employer who is submitting the nomination and be working as a team a minimum of one year;
- A team is eligible to win this award only one time;
- A team who is nominated, but not selected can be nominated again in the future, but such nominations need to be resubmitted;

#### APPLICATION PROCESS:

The nominating entity or person shall send to NYAPT the following:

- A completed application (see attached)—no other form may be submitted or received;
- At least one photo of the team, preferably standing in front of or sitting in a school bus (up to three different photos may be submitted, as they are useful when announcing the award);
- Any testimonials from other drivers, technicians, dispatchers, school officials, union officials, parents and/or students that are available to the nominating entity/person;
- Submit the above-referenced information on or before May 1st addressed to:

NYAPT ATTN: SCHOOL BUS DRIVER and ATTENDANT/MONITOR TEAM OF THE YEAR  
1764 Route 9, P.O. Box 356  
Clifton Park, NY 12065 or electronically to: [Membership@nyapt.org](mailto:Membership@nyapt.org)

*NYAPT is dedicated to the support, development and representation of pupil transportation professionals.*

AWARD & SCHOLARSHIP APPLICATION



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### CRITERIA FOR AWARD

- Overall Excellence Demonstrated as a School Bus Driver and Attendant/Monitor Team (15%)
- Continuity of Service as a School Bus Driver and Attendant/Monitor Team (15%)
- Participation in Local School or Community Events (15%)
- Special Involvement with Students/Riders (15%)
- Exemplary/Complimentary Action Relative to Safety of Riders (15%)
- Participation in Training Above and Beyond Local, State or Federal Requirements (15%)
- Structured Involvement in Training or Mentoring Others (10%)

### SCHEDULE FOR AWARD

May 1st of the Award Year - Deadline for Applications to be submitted to NYAPT

July of the Award Year - Presentation of Award Winner at NYAPT Annual Awards Banquet during the Annual Summer Conference

### JUDGING

NYAPT is responsible for the judging of all the nominees and reserves the right to include a cross-section of the school transportation community in the process of judging and selecting the awardee each year.

NYAPT further reserves the right to select more than one team award, but not more than two teams.

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**SCHOOL BUS DRIVER and ATTENDANT/MONITOR  
TEAM OF THE YEAR 2023 APPLICATION**

NAME of NOMINEES: Driver: \_\_\_\_\_ Attendant/Monitor: \_\_\_\_\_

NUMBER OF YEARS IN THEIR CURRENT POSITIONS AS A TEAM: \_\_\_\_\_

TOTAL NUMBER OF YEARS IN PUPIL TRANSPORTATION: Driver: \_\_\_\_\_ Attendant/Monitor: \_\_\_\_\_

EMPLOYER ORGANIZATION: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CONTACT PERSON'S NAME: \_\_\_\_\_

CONTACT PERSON'S PHONE #: \_\_\_\_\_

CONTACT PERSON'S EMAIL: \_\_\_\_\_

**CRITERIA AND FACTORS FOR NOMINATION AND SELECTION**

***(Please respond to each factor thoroughly and accurately and provide documentation where such is available. This will contribute to the narrative discussion you provide. You may use additional sheets of paper as necessary and appropriate to your nomination.)***

**Overall Excellence Demonstrated as a School Bus DRIVER and Attendant/Monitor TEAM** (Discuss the comprehensive reasons why this team should receive this award in your opinion and from your observations.)

**Continuity of Service as a Driver and Attendant/Monitor Team** (Describe how this team's continuity of service has led to their excellence in serving the children.)

**Participation in Local School or Community Events** (List and describe all the ways that these nominees participate in school or community events.)

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**Special Involvement with Student Riders** (List and describe all the ways these nominees positively interact with student riders and all the ways they care for the children such as the poster contest or bus drills etc.)

**Exemplary/Complimentary Action Relative to Safety of Riders** (List and describe any action these nominees took that was above and beyond for the safety of their riders.)

**Participation in Training Above and Beyond Local, State or Federal Regulations** (List all trainings and certifications that these nominees have that is above and beyond what is required by law.)

**Structured Involvement in Training or Mentoring Others** (Describe any occasions where these nominees have trained other drivers or aides or have become a mentor to any other person in their department that would make them stand out.)

### CERTIFICATION BY THE NOMINATOR

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS NOMINATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND ABILITY AND THAT IT REFLECTS ACCURATELY THE SERVICE AND CONTRIBUTIONS OF THESE INDIVIDUALS WHO ARE NOMINATED.

I CERTIFY THAT THE PEOPLE NOMINATED FOR THIS SCHOOL BUS DRIVER and ATTENDANT/MONITOR TEAM OF THE YEAR AWARD HAVE HAD NO PREVENTABLE ACCIDENTS OF ANY KIND DURING THIS CALENDAR YEAR AND MEET ALL APPLICABLE LOCAL, STATE AND FEDERAL REGULATIONS.

I FURTHER CERTIFY THAT I AM IN A SUPERVISORY CAPACITY TO THESE INDIVIDUALS WHO HAVE BEEN NOMINATED AND CAN SPEAK AUTHORITATIVELY TO THEIR SKILLS AS A SCHOOL BUS DRIVER and ATTENDANT/MONITOR TEAM WITHIN OUR ORGANIZATION.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_ SIGNATURE: \_\_\_\_\_

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