



ASSOCIATION OF ASSISTANT PRINCIPALS

Stewart Weiner Scholarship Program

Gail Irizarry, President

Application Deadline: March 8, 2024

The Stewart Weiner Scholarship Program is sponsored by the AAP, and is offered to our members whose children are graduating from high school in 2024. The AAP is awarding three \$1000 scholarships to three graduating high school students who will be attending an accredited education institution in the Fall of 2024. Scholarship winners are selected based upon their response to the biographical questionnaire (Form 1), resume, two letters of recommendation, by their principal, teacher and/or guidance counselor, their academic standing (official school transcript) and secondary school (Form 2) report by principal or guidance counselor.

1. Please fill out the appropriate sections of all forms completely, as indicated on each of the forms.
2. Biographical Questionnaire (FORM 1) along with this instruction sheet should be returned directly by the applicant.
3. Resume
4. The Secondary School Report (FORM 2) should be filled out by the applicant first (top section), and then submitted to the applicant's school office for completion.
5. Letters of Recommendation by principal, teacher and/or guidance counselor. The letters should include how long the staff member has known the applicant and their relationship to applicant. The letters should also include activities in which the applicant has participated and make any additional comments which you think will help us evaluate the applicant for the scholarship program.
6. Make sure that all forms (including this instruction sheet) are signed in the appropriate places, and are mailed to:

SCHOLARSHIP APPLICATION
Association of Assistant Principals
 c/o John Oricchio
 37 Fisherman Drive
 Port Washington, NY 11050

DEADLINE FOR SUBMISSION OF ALL MATERIALS IS MARCH 8TH

For AAP Use Only

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- Biographical Questionnaire FORM 1 Received Date: _____
 - Secondary School Report FORM 2 Received Date: _____
 - Letter of Recommendation #1 Received Date: _____
 - Letter of Recommendation #2 Received Date: _____
 - Student's Resume: _____
 - Application Completed Date: _____
 - Sent to Scholarship Committee Date: _____
 - Scholarship Committee Action: Funded _____ Not Funded _____ Date: _____
 - Check Number: _____ Amount: _____ Date: _____
 - Notes:
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The AAP does not discriminate on the basis of race, religion, gender, age, disability or sexual preference.



ASSOCIATION OF ASSISTANT PRINCIPALS
Stewart Weiner Scholarship Program – FORM 1

BIOGRAPHICAL QUESTIONNAIRE

Applicant's Name: _____

Name of High School: _____

AAP Member's Name: _____ Member's School _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ E-mail Address: _____

College expecting to attend in the Fall: _____

INSTRUCTIONS to APPLICANT: Answer the following questions in paragraph form. On a separate sheet; please type your answers with the question. Place your full name on every page you are submitting. Sign your name at the bottom of each page.

ATTACH ANY SUPPLEMENTAL MATERIAL AND INCLUDE YOUR NAME!

1. What areas of study have you found most stimulating? Why? (Choose an academic subject)
2. What single after-school activity is most important to you? How does this activity help to make you a more responsible person? (Choose any club, organization, job or home duty)
3. What personal qualities about yourself do you like most? How do these qualities help you attain your goals? Cite an example.
4. List jobs, volunteer work, etc., that is not considered a school extracurricular activity.

PLEASE INCLUDE RESUME ON SEPARATE PAGES .

Applicant's Signature _____

Date: _____

Return by March 8th to:
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ASSOCIATION OF ASSISTANT PRINCIPALS
Stewart Weiner Scholarship Program – FORM 2

SECONDARY SCHOOL REPORT

Applicant's Name _____

Name of High School: _____

In compliance with Family Educational Right Act of 1974, I authorize my High School to release a copy of my transcript and to complete the information requested below.

Signature of Applicant: _____

Date: _____

THIS EVALUATION TO BE COMPLETED BY PRINCIPAL OR GUIDANCE COUNSELOR

Evaluator's Name: _____

Title: _____

Applicant's Class Rank: _____ Applicant's Total SAT or ACT Score: _____

Number of students graduating this June: _____

Please explain your marking system:

Teacher/Student Ratio: _____

Is the applicant in an accelerated or honors program? (If yes, please describe)

List any off-campus or independent study programs in which the applicant has participated:

List extracurricular activities in which the applicant participates:

PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM

Signature of Evaluator: _____

Date: _____

Please return this completed form by March 8th to:

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