

ADAPTED PHYSICAL EDUCATION OPERATING CODE - APPENDIX E

**California Association for Health, Physical Education, Recreation and Dance
STATE COUNCIL ON ADAPTED PHYSICAL EDUCATION
JULIUS SPIZZIRI STUDENT SCHOLARSHIP**

PURPOSE

The intent of this scholarship is to provide financial support to identified exemplary student teachers in the field of Adapted Physical Education. Enclosed is a copy of the CAHPERD State Council on Adapted Physical Education Julius Spizzirri Student Scholarship application. A \$500.00 scholarship stipend will be awarded during the start of the final student teaching semester/quarter.

Applicants **must** meet the following qualifications:

- * Specialize in the field of Adapted Physical Education
- * Enter student teaching during the next academic year
- * CAHPERD member
- * Attending a California college/university

Criteria for selection includes:

- * Experience/interest in working with individuals with disabilities
- * Scholastic proficiency
- * Leadership ability
- * Personal qualities
- * School, community and professional activities

Applicants will need to submit the following information:

- _____ 1. A completed application form
- _____ 2. A minimum of two letters of recommendation
- _____ 3. Scholastic verification
- _____ 4. Documentation of intended student teaching semester by the student's University Adapted Physical Education Program Coordinator

TIMETABLE

October 1	Applications distributed to all California State University Adapted Physical Education Coordinators as well as CAHPERD, Adapted Physical Education and college web sites.
January 10	<u>DEADLINE</u> for all applications to be postmarked (prior to the January State Council meeting).
February 1	Notification to all applicants of results.
Annual CAHPERD State Conference	SCHOLARSHIP AWARDED (Money <i>will be</i> awarded at the start of the final student teaching semester or quarter during the next academic year).

Please encourage eligible students to apply for this scholarship and remind them that all completed applications should be postmarked by **January 10** and sent to:

**CAHPERD
Chair, State Council on Adapted Physical Education
1501 El Camino Avenue - Suite 3
Sacramento, CA 95815-2748**

California Association for Health, Physical Education, Recreation and Dance

STATE COUNCIL ON ADAPTED PHYSICAL EDUCATION
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SCHOLARSHIP APPLICATION
(Confidential)

Date _____

(Please type)

Name _____ Phone () _____

Address _____

Street

City/State

() *Zip*

Telephone

E-mail

FAX

Major _____ Minor _____

Date/Degree _____

Date/Credential (anticipated) _____

Name and phone number of persons submitting letter(s) of recommendation:

Name _____ Position _____

Address _____

City/State/Zip _____

Telephone (w) _____ (h) _____

E-mail _____ (Fax) _____

Name _____ Position _____

Address _____

City/State/Zip _____

Telephone (w) _____ (h) _____

E-mail _____ (Fax) _____

Name _____ Position _____

Address _____

City/State/Zip _____

Telephone (w) _____ (h) _____

E-mail _____ (Fax) _____

Use additional pages, if necessary.

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STUDENT INFORMATION

Name _____ Date _____

A. **College/University (ies) attended (include dates):**

B. **Professional organizations and dates of memberships:**

C. **Description of professional activities and conferences and dates attended:**

D. **Extracurricular activities and offices held or leadership roles (include dates):**

E. **Work experience. (Start with the most recent and indicate paid or volunteer):**

F. **Work or volunteer experience with individuals with disabilities (include dates):**

G. **Scholarship, awards, honors (include dates):**

H. On a separate page please supply any additional information you believe is pertinent to this application and **a statement of your professional goals and philosophy of physical education for individuals with disabilities:** (not to exceed 300 words).

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SCHOLASTIC VERIFICATION

This will verify that _____
(Student's name)

NO YES

- | | | | |
|-------|-------|----|---|
| _____ | _____ | 1. | has completed _____ units of under graduate college work with an overall GPA of _____ |
| _____ | _____ | 2. | has a specialization in Adapted Physical Education. |
| _____ | _____ | 3. | has completed _____ units of graduate college work with an overall GPA of _____ |
| _____ | _____ | 4. | will be doing his/her last semester of student teaching in the area of Adapted Physical Education |

Starting date: _____
Ending date: _____

Signature: _____
University Adapted Physical Education Program Coordinator

College/University

Telephone: (w) () _____ (h) () _____

E-mail: _____ Fax: () _____

Please postmark by **January 1** and return to:

CAHPERD
Chair, State Council on Adapted Physical Education
1501 El Camino Avenue - Suite 3
Sacramento, CA 95815-2748
916/922-3596

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INSTRUCTIONS FOR THE LETTER OF RECOMMENDATION

Student CAHPERD members eligible for this scholarship must be specializing in Adapted Physical Education and be scheduled to begin their student teaching in Adapted Physical Education during the next academic year.

Please indicate your knowledge of the applicant's qualifications based on the following criteria:

1. Experience and desire to work with individuals with disabilities
2. Degree of individual responsibility and initiative
3. Enthusiasm
4. Professional attitude and leadership abilities
5. Proficiency in studies
6. Ability to work with others and evidence of good personal relations

Format for Letter of Recommendation:

1. Letter of recommendation for: _____
2. Statement of recommendation
3. Identification of person completing letter of recommendation including name, title, address, telephone number (both work and home if possible), date, and signature

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RATING EVALUATION

Candidate's name: _____

REQUIREMENTS	MINIMUM	ABOVE MINIMUM	EXEMPLARY
	1	2	3
1. Professional organizations:			
2. Member of CAHPERD a. Member: b. More than 1 year: c. Officer:			
3. Professional Conferences (CAHPERD, NCPAEI, etc.) a. 1-2 meetings: b. More than 2: c. Volunteer:			
4. Extra-curricular activities a. Sign language or sign class: b. Clubs, Honor Society, Sports: (points awarded are based on quality of activities)			
5. Work Experience: a. With individuals with disabilities b. Fieldwork, Special Olympics, Special Camps, etc. (points awarded are based on quality of experiences)			
6. Additional honors: a. Scholarships, awards: (points awarded are based on quality of honors)			
7. Grade Point Average (3.0, 3.5, above 3.5)			
8. Letters of Recommendation: (points awarded are based on quality of letters)			
9. Statement of professional goals and philosophy: (points awarded are based on quality of statement written)			
10. Point total:			