

## Stewart Weiner Scholarship Program

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. 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.
4. The Personal Evaluations (FORMS 3&4) should be filled out by the applicant first (top section), and then given to two evaluators familiar with the applicant's academic activities for completion.
5. Make sure that all forms(including this instruction sheet) are signed in the appropriate places, and are mailed to:

Association of Assistant Principals  
c/o CSA  
16 Court Street, 4th Floor  
Brooklyn, New York 11241

**DEADLINE FOR SUBMISSION OF ALL MATERIALS IS MAY 1, 2006**

### For AAP Use Only

- **Biographical Questionnaire FORM 1 Received Date:** \_\_\_\_\_
- **Secondary School Report FORM 2 Received Date:** \_\_\_\_\_
- **Personal Evaluation FORM 3 Received Date:** \_\_\_\_\_
- **Personal Evaluation FORM 4 Received Date:** \_\_\_\_\_
- **Application Completed Date:** \_\_\_\_\_
- **Sent to Scholarship Committee Date:** \_\_\_\_\_
- **Scholarship Committee Action:**  **Funded**  **Not funded** **Date:** \_\_\_\_\_
- **Check Number:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Date:** \_\_\_\_\_
- **Notes:**

**AAP does not discriminate on the basis of race, religion, gender, age, disability or sexual preference.**



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 extra-curricular activity.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Return to:**

SCHOLARSHIP APPLICATION  
Association of Assistant Principals  
c/o CSA  
16 Court Street  
Brooklyn, New York 11241

Social Security No: \_\_\_\_\_

**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 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 applicant has participated in:

List extracurricular activities that the applicant participates in:

**PLEASE ENCLOSE AN OFFICIAL TRANSCRIPT WITH THIS FORM**

Signature of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this completed form to:**

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Association of Assistant Principals  
C/O CSA  
16 Court Street  
Brooklyn, New York 11241**

**FORM 3  
PERSONAL EVALUATION**

Applicant's Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Name of High School: \_\_\_\_\_

**Notice to Applicant:** Please have a teacher or supervisor of any activity you are involved in provide the information requested below. Be sure to fill out this top portion.

Signature of Applicant: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

Activity through which you are involved with the applicant: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ How long have you known applicant: \_\_\_\_\_

What qualities impress you most about the applicant? Please cite examples:

Please make any additional comments, which you think will help us evaluate the applicant for the scholarship program:

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form to:**

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Association of Assistant Principals  
C/O CSA  
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