

# Julius Spizziri Student Scholarship

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 Spizziri Student Scholarship application. A \$500.00 scholarship stipend will be awarded during the start of the final student teaching semester/quarter.

## Qualifications:

Specialize in the field of Adapted Physical Education  
Pursuing adapted physical activity authorization coursework  
CAHPERD member  
Attending a California college/university

## Criteria for Selection:

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

### Applicants Name

### Full Mailing Address

### E-Mail Address (year-round)

### Phone (year-round)

### University, Major, Minor, year status

### Date of APE (anticipated) Authorization

**Education Information (Universities, Degrees/Majors, credentials, authorizations), dates attended.**

**Professional Affiliations and dates of membership**

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

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

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

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

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

**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).**

**List the names, titles, email address, phone number of 3 authors of letters of recommendation. Letters should address multicultural, diverse background. Submit the 3 letters of recommendation to [califstatecouncilape@gmail.com](mailto:califstatecouncilape@gmail.com)**



**Form completed by name, email address, phone**

**University Adapted Physical Education Coordinator Name, university, email address, phone number**

## SCHOLASTIC VERIFICATION

University Adapted Physical Education Coordinator must submit the following information to [statecouncilape@gmail.com](mailto:statecouncilape@gmail.com):

This will verify that \_\_\_\_\_

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) \_\_\_\_\_

E-mail: \_\_\_\_\_