

Application Requirements
2017 NYSAIEP Inc. SPRING CONFERENCE SPONSORSHIP
(Conference assistance)

NYSAIEP Inc. is offering sponsorships for the Spring Conference. A sponsorship can cover the cost of the hotel package (at the double-room occupancy rate) and conference fee.

PLEASE NOTE: Transportation costs are the responsibility of the recipient.

Eligibility

Law enforcement/Corrections, Education and Program providers are eligible to apply.

Application Requirements The following items must be submitted in order for an application to be considered:

- Signed Application Form (see next page)
- Completed **Conference and Hotel Registration Forms**
- A written or typed statement of need from the applicant stating why he/she should be considered for the sponsorship.
- A written statement from an immediate supervisor, i.e. administrator, jail superintendent or sheriff, assuring that, if chosen, the applicant will be able to attend the conference.
- Two written or typed recommendations in support of the applicant.
- \$50 annual membership dues for NYASIEP

Selection Criteria The applicant's statement of need should address the following two items:

- The sponsorship will provide a recipient the opportunity to attend the conference when it would otherwise not be possible without such financial assistance.

AND

- The sponsorship will provide an opportunity to increase the recipient's knowledge of incarcerated education. This may apply to a person who is either directly or indirectly involved in incarcerated education programs. This applies to correction officers, educators, service providers and administrators.

Applications and all related material should be EMAILED or FAXED no later than

Wednesday, March 17, 2017.

Please address all correspondence to:

Mari Ukleya

mukleya@ocmboces.org

fax-315-362-2680

Any questions, please contact Mari at 315-453-4424

Recipients will be notified on or **before** April 28th the hotel registration deadline.

NYSAIEP, INC. SPONSORSHIP APPLICATION FORM

Please print legibly

Name: _____

Facility/Agency: _____ Job Title: _____

Work address: _____ City: _____

State: _____ ZIP: _____ Work Number: _____

Home/Cell Number Required: _____ Work Email: _____

Personal Email: _____ (will not be shared w membership)

Phone number where you can be reached when you are on Spring Vacation _____-_____-_____

Be very careful with email addresses and phone numbers. Last year several were incorrect, causing delays and extra work to locate recipients.

Description of Duties:

Conference dates: May 9-12, 2017 (Tuesday afternoon to Friday noon)

Please be specific on the number of nights for which you would need hotel accommodations and what type of assistance you are requesting.

Arrival _____ Departure _____

Total number of nights at hotel _____

Type of assistance ____ (Hotel & conference registration)

____ (Conference registration only, no hotel assistance needed)

Hotel Room:

____ Single- I agree to pay the difference between a single and a double room directly to the Saratoga Springs Holiday Inn. Fill out NYS Form ST-129

____ Double- I have a roommate. My roommate is _____

____ Triple- I have 2 roommates. My roommates are _____

____ Double- I have no roommate. ***** PLEASE NOTE *****

I would like to share with someone, however, if that is not possible I agree to have a single, and I will pay the difference between a single and a double. This payment will be made to the Holiday Inn.

Terms and Conditions

- **You will be asked to hold the hotel reservation with your own or your agency’s credit card**, so that in the event of a no-show, you, not NYSAIEP, will be responsible for any hotel charges.
- **You will make full use of the assistance that you receive.** For example if you request and receive assistance for a three-night package, you will stay for three nights. If you fail to stay for the entire agreed time, **you** will be financially responsible for any charges or penalties related to you leaving early. This includes any charges for meals.
- **You will attend and participate in the conference workshops and meals.**
- **I understand that my roommate, if I have one, must be paying for his or her room or also be a sponsorship recipient.**

I have received a NYSAIEP Sponsorship before. If so, when _____

I have never received a NYSAIEP Sponsorship before.

By signing this application, I agree to all the terms and conditions of this sponsorship.

Name: _____

Signature: _____

Date: _____

Application Checklist-

All items below are required by the deadline for the application to be considered.

Your application will not be considered until all items are completed.

- ____ Supervisor's endorsement
- ____ Recommendation #1.
- ____ Recommendation #2.
- ____ Personal statement from the applicant
- ____ Signed statement above agreeing to Terms and Conditions

- ____ Completed Application Form (page 2 & 3)

- ____ Arrival and departure dates and how many nights that you would be staying

- ____ Type of assistance that you are requesting

- ____ Hotel room preference (single or double)

- ____ Completed NYSAIEP Annual Conference Registration Form (page 4)

- ____ Completed Hotel Registration Form (page 5)

Please make a copy of the completed application for your records