

Application Requirements
2025 NYSAIEP Inc. SPRING CONFERENCE SPONSORSHIP
(Conference assistance)

NYSAIEP Inc. is offering sponsorships for the Spring Conference. Sponsorship can cover the cost of the Conference Registration or Local Commuter Package which covers the price of the conference and meals.

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

Eligibility

Law enforcement/Corrections, Education, *Counseling, Probation, and Program providers who serve at-risk youth* are eligible to apply.

Application Requirements All of the following items must be submitted for an application to be considered:

- Signed Application Form (see next page)
- Completed **Conference Form**
- 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.
- A written or typed recommendation in support of the applicant.
- \$50 annual membership dues for NYASIEP (due at the time of application)

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

- The sponsorship will allow a recipient 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

Friday, April 11, 2025

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 May 1st** the 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 13-16, 2025 (Tuesday through Friday noon)

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

Arrival _____ **Departure** _____

Type of assistance ___ **Local Commuter Package**

___ **Conference Registration**

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.**
- **You will attend and participate in the conference workshops and meals.**

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)**

- **_____ Type of assistance that you are requesting**

- **_____ Completed NYSAIEP Annual Conference Registration Form**

- **_____ \$50 Annual membership fee paid to NYSAIEP**

Please make a copy of the completed application for your records