



# ASSOCIATION OF ASSISTANT PRINCIPALS

## Stewart Weiner Scholarship Program

Joseph Napolitano, President

**Application Deadline: February 13, 2026**

The Stewart Weiner Scholarship Program is sponsored by the AAP, and is offered to our members whose children are graduating from high school in 2026. The AAP is awarding three \$1000 scholarships to three graduating high school students who will be attending an accredited education institution in the Fall of 2026. Scholarship winners are selected based upon their response to the biographical questionnaire (Form 1), resume, two letters of recommendation, by their principal, teacher and/or guidance counselor, their academic standing (official school transcript) and secondary school (Form 2) report by principal or guidance counselor.

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. Resume
4. 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.
5. Letters of Recommendation by principal, teacher and/or guidance counselor. The letters should include how long the staff member has known the applicant and their relationship to applicant. The letters should also include activities in which the applicant has participated and make any additional comments which you think will help us evaluate the applicant for the scholarship program.
6. Make sure that all forms (including this instruction sheet) are signed in the appropriate places, and are mailed to:

**SCHOLARSHIP APPLICATION**  
**Association of Assistant Principals**  
**c/o John Oricchio**  
**37 Fisherman Drive**  
**Port Washington, NY 11050**

**DEADLINE FOR SUBMISSION OF ALL MATERIALS IS FEBRUARY 13, 2026**

**For AAP Use Only**

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- Biographical Questionnaire FORM 1 Received Date: \_\_\_\_\_
  - Secondary School Report FORM 2 Received Date: \_\_\_\_\_
  - Letter of Recommendation #1 Received Date: \_\_\_\_\_
  - Letter of Recommendation #2 Received Date: \_\_\_\_\_
  - Student's Resume: \_\_\_\_\_
  - Application Completed Date: \_\_\_\_\_
  - Sent to Scholarship Committee Date: \_\_\_\_\_
  - Scholarship Committee Action: Funded \_\_\_\_\_ Not Funded \_\_\_\_\_ Date: \_\_\_\_\_
  - Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_
  - Notes: \_\_\_\_\_
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The AAP does not discriminate on the basis of race, religion, gender, age, disability or sexual preference.



# ASSOCIATION OF ASSISTANT PRINCIPALS

## Stewart Weiner Scholarship Program – FORM 1

### BIOGRAPHICAL QUESTIONNAIRE

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

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

AAP Member's Name: \_\_\_\_\_ Member's School \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

College expecting to attend in the Fall: \_\_\_\_\_

**INSTRUCTIONS to APPLICANT:** Answer the following questions in paragraph form. On a separate sheet; please type your answers with the question. Place your full name on every page you are submitting. Sign your name at the bottom of each page.

ATTACH ANY SUPPLEMENTAL MATERIAL AND INCLUDE YOUR NAME.

1. What areas of study have you found most stimulating? Why? (Choose an academic subject)
2. What single after-school activity is most important to you? How does this activity help to make you a more responsible person? (Choose any club, organization, job or home duty)
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 extracurricular activity.

**PLEASE INCLUDE RESUME ON SEPARATE PAGES .**

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

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

**Return by February 13, 2026 to:**

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**Port Washington, NY 11050**



# ASSOCIATION OF ASSISTANT PRINCIPALS

## Stewart Weiner Scholarship Program – 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 or ACT 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 in which the applicant has participated:

List extracurricular activities in which the applicant participates:

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

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

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

Please return this completed form by February 13, 2026 to:

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