



Ryan J. Ruf
Deputy Superintendent for
Management Services

Suffolk Association of School Business Officials (SASBO)

Personal Information		
Last Name	First Name	Email Address
Home Street Address	City	State and Zip Code
Social Security Number (Required)	Date of Birth	Telephone Number
Education		
Name of ESBOCES Center Currently Attending	Location	Name of Course/Program
Name of ESBOCES Instructor	Dates Attended	Session: AM PM (please check one)
Name of High School and Grade	Location	Guidance Counselor

I plan to attend _____ upon graduation from ESBOCES
Name of college/university/trade school **(attach proof of acceptance or letter of enrollment)**

Attach to this Application

1. A list of any extracurricular, community services, or profession activities in which you have participated within school or outside of school (include prizes, honors, awards, class/club positions held, etc.).
2. A typed, double-spaced, no more than one-page essay addressing how your experience in an ESBOCES program has prepared you for where you expect to be five years from now.
3. Letters of recommendation from an ESBOCES teacher and principal and your home school district guidance counselor.
4. Proof of enrollment (class schedule or letter of acceptance with the student's ID number) at an institution of higher education.

Application will not be considered unless all required materials are attached.

The deadline for submission of materials is **Friday, May 14, 2020**. Completed application and documentation may be scanned and sent via email or sent via regular mail.

Email: jstrebel@esboces.org

Regular Mail: SASBO Scholarship Award
c/o Ryan Ruf
Eastern Suffolk BOCES
201 Sunrise Highway
Patchogue, NY 11772