

## **The Patricio “Pat” Figueroa, Jr. Sponsorship**

### *Sponsorships for Young Adults with Disabilities to Attend Leadership Trainings*

*This sponsorship, supported by the State Plan, is named in honor of Patricio “Pat” Figueroa, Jr., a recognized leader and advocate of people with disabilities. In 1978, Pat founded the first Center for Independent Living (CIL) in New York State-the Center for Independence of the Disabled in New York (CIDNY). The network has since grown to over forty centers. He was the co-founder of the 504 Democratic Club and publisher of the national disability newspaper, Independence Today. Pat helped train and mentor numerous individuals over the years. For young advocates looking to become future leaders, he is someone to look up to as they learn and strive to reach their ultimate goals.*

The New York State Independent Living Council, Inc. (NYSILC) is looking to conduct outreach to young adults with disabilities between the ages of 18 to 28 (or younger with the consent of a parent/guardian) with demonstrated leadership potential. Specifically, State Plan for Independent Living (SPIL) objective # 5 will support young leaders by providing the Patricio “Pat” Figueroa, Jr. sponsorships for young adults with disabilities to attend and participate in independent living related conferences and/or national disability and leadership trainings during each year of the State Plan. Sponsorships of up to \$250 each will be awarded to youth based on cost and need. **Please respond to all questions on the application. Enter N/A for a question that is not applicable. Complete applications are needed to make decisions regarding the sponsorships.** Electronic format is preferable and allows equal access for NYSILC members to easily review the information. If you have any questions related to the application, contact the NYSILC office at (518) 427-1060 (Voice/TTY), 1 (877) 397-4126 (Toll Free NYS Only), (518) 427-1139 Fax, or [bradw@nysilc.org](mailto:bradw@nysilc.org). **Return completed applications to: [bradw@nysilc.org](mailto:bradw@nysilc.org).**

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I. Background Information: (Young adult with disability must be between the ages of 18-28 and reside in New York State)

Name:

Address:

Telephone Number:

Email Address:

Age:

\_\_\_\_\_ I have attached a resume that summarizes the information not provided below.

School/College Currently Attending (List name):

Current Employer (List name(s), dates of employment, and position(s):

Current Volunteer Opportunities (List name(s) of place(s) where you currently volunteer):

Affiliations with Independent Living Center and or Disability Rights Organizations (List name(s):

References (List name, address, and phone number) of one business/professional/educational and one personal reference in the space provided below:

- Business/professional/educational reference with contact information:
  
- Personal reference with contact information:

## II. Training Opportunity Information:

Name of Training Event Registered to Attend:

Location:

Dates:

Cost (Please estimate the below to the best of your ability):

- Registration fee or portion of fee:
- Hotel rate for participants:
- Meals (Not included in event registration):
- Transportation (All forms. Mileage @ .54/mile. Includes tolls, parking, etc.):
- Support Services/Accommodations/interpreters:
- Other:
- TOTAL

In the space provided below, please inform us of any circumstances that are barriers to your attendance or help to justify your need.

In the space provided below, respond to the following question: *How would attending this training opportunity improve or enhance my leadership development as a youth with a disability?*

## III. Assurances

\_\_\_\_\_ If I receive a sponsorship, I agree to submit a NYSILC reimbursement form to detail my expenses with receipts. I will be reimbursed for qualified expenses in either the exact amount for anything less than \$250 or \$250 if it equals or exceeds this amount.

\_\_\_\_\_ If I receive a sponsorship, I agree to complete and send back a follow up questionnaire form to NYSILC that summarizes my experience at the training along with my volunteer experience.

\_\_\_\_\_ If I receive an alternate sponsorship then I will not charge NYSILC for costs covered by another source unless the amounts are required to fund the total amount of the training opportunity.

\_\_\_\_\_ If I receive a sponsorship, I agree to volunteer 10-15 hours at a local Independent Living Center of my choice. If that is not possible, then I will indicate what local community-based organization I will use as an alternative. My service will be briefly summarized in the follow up questionnaire form.

Questions not contingent upon the approval of the application:

Would you be interested in participating on the NYSILC Youth Leadership Subcommittee? (Select one)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not sure/Need more information.

Would you be interested in being a potential youth recommended for appointment to the full council at a future date? (Select one)

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_ Not sure/Need more information.

Applicants will be notified of decisions regarding sponsorships by email unless a different preference is stated by an individual. The council will make every attempt to review and make a decision on each application within 30-45 days of the date it is received. Recipients will receive further instructions regarding guidelines required to provide documentation via a NYSILC reimbursement form and complete a follow up questionnaire to summarize their experience. All decisions are final. Submitting an application is not a guarantee of a scholarship. There is a limited amount of funding available each year and it is based on the number of applicants, timing of application, need, costs, and to equity in efforts to outreach to youth with disabilities across the State.

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Applicant's Electronic Signature

Date