



## **SPECIAL NEEDS NETWORK, INC**

### **Joe Patton Advanced Learning Academy Beyond Barriers Award**

**The Joe Patton Advanced Learning Academy (JPALA) is proud to present its Fifth Annual Joe Patton Beyond Barriers Award (BBA). The JPALA is a tiered program for children and young people with developmental disabilities. The BBA is specifically for youth with a developmental disability who are graduating seniors and about to transition to either college, an occupational/training program, or proceed to an independent living program. This year we will be awarding one \$1,000.00 award. The \$1,000.00 award is designed to help a young person in his or her transition from high school to more independence.**

**Interested applicants must complete the attached application and submit it along with all requested attachments to Special Needs Network on or before Monday, March 31, 2017. The award recipient will be selected by a panel of judges from academia, business and the disability community. The winners will be selected on the basis of his or her written application and attachments. The selected recipients will be notified on or before Friday, April 3, 2017. The recipients and his or her parents/family will be invited to SNN's awards luncheon on Saturday, April 8, 2017 at the Dorsey Miller High School Magnet Auditorium from 12:15 to 1:15 where they will receive the award's check and recognition by the organization.**

**The award is made possible as a result of a grant from the Estate of Joe Patton, a successful entrepreneur who defied all odds and overcame a learning disability to become a multi-millionaire businessman.**



**SPECIAL NEEDS NETWORK, INC**  
**Joe Patton Beyond Barriers Award Application**

**I. Personal Information:**

**Student's Name** \_\_\_\_\_

**Male** \_\_\_\_\_ **Female** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

**Ethnicity (optional)** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_  
**(For funding purposes)**

**Home Address** \_\_\_\_\_

\_\_\_\_\_

**Phone Number (    )** \_\_\_\_\_

**Cell Number (    )** \_\_\_\_\_

**Student's email address** \_\_\_\_\_

**II. School Information:**

**Name of High School** \_\_\_\_\_

**Address of High School** \_\_\_\_\_

\_\_\_\_\_

**High School Counselor's Name** \_\_\_\_\_

**Counselor's Phone Number (     )** \_\_\_\_\_

**Current Grade Level** \_\_\_\_\_ **Grade Point Average** \_\_\_\_\_

**List classes you are currently enrolled in:**

_____	_____
_____	_____
_____	_____

**III. Disability Information:**

**Describe your disability?** \_\_\_\_\_

**Do you use any assistance in your daily activities (such as reading, writing, eating, walking, speaking, or personal care)?**

\_\_\_\_\_

\_\_\_\_\_

**IV. School and Community Involvement:**

**Below, please briefly list your involvement with your school and community. This may include club memberships, after school activities or work experiences. List the length of involvement, the time of participation, and the name of an adult contact person you worked with. (please feel free to include additional pages if needed)**

**Name of Activity**\_\_\_\_\_

**Level of Participation**\_\_\_\_\_

**Dates of Involvement: From**\_\_\_\_\_ **To** \_\_\_\_\_

**Contact Person:**\_\_\_\_\_ **Phone # ( )**\_\_\_\_\_

**Name of Activity**\_\_\_\_\_

**Level of Participation**\_\_\_\_\_

**Dates of Involvement: From**\_\_\_\_\_ **To** \_\_\_\_\_

**Contact Person:**\_\_\_\_\_ **Phone # ( )**\_\_\_\_\_

**V. Letters of Recommendation:**

**Please attach two letters of recommendations that describe your high school and any extracurricular activities along with your plans for your future after graduation from high school.**

- **One letter must be from a high school teacher, counselor or administrator, recommended typed on electronic or hard copy on school letterhead.**
- **The other must be from a community representative outside of your school who is not a relative, recommended typed, electronic or hard copy on official letterhead of the organization or individual. This letter can be written by a regional center staff member.**

**Please list below the name, position/title, organization, and telephone number of each person submitting the recommendation.**

**1. Name \_\_\_\_\_ Title \_\_\_\_\_**

**Organization \_\_\_\_\_ Phone # (     ) \_\_\_\_\_**

**2. Name \_\_\_\_\_ Title \_\_\_\_\_**

**Organization \_\_\_\_\_ Phone # (     ) \_\_\_\_\_**

**VI. Tell Us About Yourself**

**We would like the opportunity to learn more about you and your plans for the future. In at least 1-2 typed, double-spaced pages (not to exceed four typed, double-spaced pages), please describe why you feel qualified to receive this stipend. Please describe the steps you have taken to plan your future after you graduate from high school and include in your paper your experiences as a person with a disability. Remember, there are no right or wrong answers. If required, you can have this section completed by a caregiver or parent.**

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**Signature of Student**

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**Today's Date**

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**Signature of Parent or Guardian (if student is under 18) Today's Date**

**Thank you for completing this application. Please email your application, essay, and any electronic letters of recommendations as attachments to [juancarlos@specialneedsnetwork.org](mailto:juancarlos@specialneedsnetwork.org) or mail to Special Needs Network, Inc., 4401 Crenshaw Blvd. Suite 215, Los Angeles, CA 90043 on or before Wednesday , March 31, 2017. For more information call 323-291-7100.**