



Dr. Lynnette Robinson was an accomplished and inspirational educator of 25 years before her passing in 1998. She served as a special education teacher and elementary principal before culminating her career as the Director of Special Education for the Encinitas Union School District. Lynnette was instrumental in developing curriculum, social/behavioral programs, and inclusive practices that have been implemented throughout California. Lynnette was a pioneer in the belief that students with and without special needs benefit from being educated together. She was a true advocate for all students, families, and educators.

General Information

Candidates applying for this scholarship will be able to 1) describe activities which demonstrate their support, involvement, and commitment to inclusive practices for students with special needs in educational and/or community settings and 2) express intention of pursuing a career in special education or a related field such as school psychology, counseling, speech-language, adapted physical education, or occupational therapy. For the 2025-2026 school year the amount of the scholarship will be \$1500 per year and will be awarded for four consecutive years if recipients meet required criteria therein. A total of two scholarships will be awarded.

Eligibility

- Student must be graduating from high school.
- Student must be enrolled in a NCCSE member school district.
- Student must have demonstrated leadership experiences that support inclusive practices for students with disabilities. The student must express a commitment to learning and the desire to pursue a career in special education or a related field such as school psychology, counseling, speech and language, adapted physical education, or occupational therapy.

Application Requirements

All application requirements, as specified in the application packet, are to be completed by the student and include:

- Completed application form.
- Authorization form to use likeness/materials and release of information for educational records.
- Written, audio, or video recorded statement describing leadership experiences and how they have supported inclusive practices on their high school campus or in the community, and how they will continue this practice in a career.
- One letter of recommendation. From either 1) a person familiar with the student's leadership experiences that support inclusive practices, 2) a teacher or administrator, or 3) student choice (e.g. school counselor, coach, community member, employer, etc.) Letters must be written using the nomination guidelines.
- A copy of the student's unofficial transcript that includes overall/cumulative GPA.

Selection Criteria

- A committee will review the applications, conduct interviews, and determine the award recipients.
- Awards will be made to those who have best demonstrated that they are a leader with inclusive practices, have a commitment to learning, and the desire to pursue a career in special education or a related field such as school psychology, counseling, speech and language, adapted physical education, or occupational therapy, as communicated in the personal statement, academic achievement, and letter of recommendation.

The Award Process

- The selection committee will review applications and conduct interviews in April.
- Award recipients will be announced in May. Recipients' schools will be notified for student recognition at award ceremonies.
- Upon graduation from high school award recipients are required to provide proof of enrollment for fall in a minimum of 9 units (or comparable instructional hours) and a contact name and mailing information for the school's financial aid/business office to insure proper payment to the student's account at the school.
- Upon receipt of required materials, the award will be paid directly to the student's account at the school of attendance.
- **For continuing years, enrollment must be consecutive, and the recipient is required to submit proof of enrollment for the Fall semester, an overall GPA of 2.0, and a minimum of 18 units completed during the previous Fall and Spring semesters.**
- **The applicant is responsible for notifying NCCSE of any change of address.**



DIRECTIONS

Online application at <https://forms.gle/ZmthPq8KRhctkLYr8>

Include all the following documents for a complete application:

- Application form
- Authorizations: photo release and release of information for educational records
- Written, audio, or video recorded statement
- One letter of recommendation from any of the following:
 - A person familiar with your leadership experiences that support inclusive practices
 - Teacher or administrator
 - Student choice (e.g. school counselor, coach, community member, employer, etc.)
- A copy of the student's unofficial transcript with overall/cumulative GPA

Once all applications are reviewed you will be contacted with a date for an interview.

Deadline

The deadline for the Lynnette Robinson Scholarship is March 31, 2025. All original application information must be received in the NCCSE office by that date. Late documents will not be accepted.

Remember

- Keep a copy of all paperwork.
- Late or incomplete applications will not be considered for a scholarship.
- Reporting any false information will forfeit your nomination.

Submission

You may submit your application via:

- Email to fvasquez@sdcoe.net, or
- Regular U.S. mail to: North Coastal Consortium for Special Education
Attn: Lynnette Robinson Scholarship Committee
255 Pico Avenue, Suite 101/Room 220
San Marcos, California 92069, or
- Online application at <https://forms.gle/ZmthPq8KRhctkLYr8>

Incomplete applications will not be reviewed by the Committee. Refer to www.nccse.org for eligibility criteria. To check on the status of your application send a request to fvasquez@sdcoe.net



PLEASE FILL OUT THE FOLLOWING INFORMATION BY TYPING OR PRINTING CLEARLY.

DATE: _____

Student Information:

Last Name First Name Middle Initial

_____ Male Female Prefer not to say _____

Date of Birth (mm/dd/yyyy)

Street Address: _____ City _____

State: _____ Zip code: _____ Phone Number: _____ Home. Cell Work

Email: _____

Name of Parents/Guardians: _____

Student's overall/cumulative GPA from student's transcript _____

School Information:

District: _____ School _____

Teacher's Name: _____

Teacher's Telephone _____ Teacher's Email Address _____

Future College/Training Program Information:

Please list, in order of preference, the colleges and/or programs to which you have applied.

| Name of School or Program | Major or Specialization |
|---------------------------|-------------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |



ACTIVITIES/LEADERSHIP AND EMPLOYMENT ACTIVITIES
(Please list each in order of importance)

Activities/Leadership (School or Community)

| Organization | Describe your role (player, captain, officer, etc.) | Grade Level(s) | Hours per Week | Weeks per Year |
|--------------|--|-------------------|-------------------|-------------------|
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Employment Activities (Intern, Volunteer, or Paid)

| Activity | Description of Work | Grade Level(s) | Hours per Week | Weeks per Year |
|----------|---------------------|-------------------|-------------------|-------------------|
| | | | | |
| | | | | |
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Application due on March 31, 2025
Incomplete or late applications will not be considered for scholarships.



AUTHORIZATIONS

PHOTO RELEASE

I, _____, hereby authorize and consent to the use of my visual image by the San Diego County Office of Education and its designees for appropriate purposes, including but not limited to electronic and print publications, promotional materials, and websites.

I acknowledge that the San Diego County Office of Education and its designees may crop and treat the media at its own discretion and may choose not to use my photo at this time but do so at its own discretion at a later date.

I also understand that once my image is posted on a website, the image can be downloaded by any computer user on or off campus. Therefore, I agree to indemnify and hold harmless the San Diego County Office of Education and its designees from any claims. I give this consent with no claim for payment.

Signature _____ Date: _____

Phone _____ (in case we need to contact you).

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)

RELEASE OF INFORMATION

I authorize the San Diego County Office of Education to receive educational records from my file including evidence of enrollment, transcripts, class schedules, quarter or semester grades, units completed, and cumulative grade point average. I authorize this release to be in effect during all years in which I am enrolled as an undergraduate student or in a training program.

I certify that I have considered each question carefully and that my statements are true and complete to the best of my knowledge.

Student Signature: _____ Date: _____

Birth Date (mm/dd/yyyy): _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)



Written, Audio, or Video Recorded Statement Guidelines

Statement Topic:

- 1) Explain and provide specific examples of your leadership experiences that supported inclusive practices for students with disabilities at school or in the community.
- 2) Describe how your involvement in these experiences affected you.
- 3) Explain how your commitment to learning is leading you to pursue a career in special education or a related field such as school psychology, counseling, speech and language, adapted physical education, or occupational therapy.

Directions for Completing a Written Statement:

Using the prompt described above submit a statement between 250 to 500 words in length. The statement will be evaluated on content, development, organization, language usage, and style. The statement should demonstrate college preparedness and originality.

- Type your name on the top right corner of each page.
- Number each page.
- Submit the statement with your application.

Directions for Completing an Audio or Video Recorded Statement:

- You may complete an audio or video recorded statement (4 to 5 minutes in length) as an alternative to a written statement.
- Please use the prompt described above for the content. The audio or video recorded statement will be evaluated on content, clarity, organization, and style.
- Submit the audio or video recorded statement with your application.



Letter of Recommendation Guidelines

One letter to be completed from any of the following:

- A person familiar with your leadership experiences that support inclusive practices.
- A teacher or administrator.
- An individual of the student's choice (e.g. school counselor, coach, community member, employer).

Please provide a response to the questions below. Include your telephone number and email address in the event we need to contact you for further verification. Please address all three questions and limit your response to no more than one page. Thank you!

1. Please state how long and in what capacity you have known the applicant.

2. What qualities does the applicant demonstrate that sets them apart from peers? What is the applicant's potential to succeed at the learning institution they plan to attend?

3. What do you know about the applicant that will provide the selection committee with a perspective that is not evident in the application and essay?