



**Department of Energy**  
Western Area Power Administration  
Upper Great Plains Customer Service Region  
P.O. Box 35800  
Billings, MT 59107-5800

DEC 21 2010

B1000.BL

The Nordmeier/Tafoya Scholarship, 2011-2012

Dear Applicant:

Western Area Power Administration (Western), in partnership with the Bureau of Reclamation and Risk Management Agency, is seeking applicants for the Nordmeier/Tafoya Scholarship for the 2011-2012 academic year. This scholarship was established in honor of two Western employees, Bob Nordmeier and Monday Tafoya, who died along with four other employees on December 18, 1992, when a Cessna Citation crashed on its final approach to Billings Logan International Airport. Because Bob and Monday were extensively involved in helping people with permanent disabilities, a \$1000 scholarship will be awarded to one or more individuals having a permanent disability.

Contributions to the fund are made through the annual Combined Federal Campaign, a congressionally authorized fund raising activity, and through other fund raising activities held by Federal agencies in the Billings area.

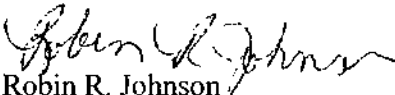
Criteria for the Nordmeier/Tafoya Scholarship:

- Permanent disability
- Attending a Montana College or Technical School
- Enrolled for at least 9 semester credits
- Enrolled for the 2011-2012 school year
- Financial need will also be considered
- Narrative of how scholarship will help meet personal and educational goals

The application deadline is April 15, 2011.

Please contact Robin Johnson at 406-247-7426 for additional information.

Sincerely,

  
Robin R. Johnson  
Chair, Nordmeier/Tafoya  
Memorial Scholarship

Enclosure

---

# Nordmeier/Tafoya Memorial Scholarship

---



Bob Nordmeier demonstrated mind over matter, overcoming an accident that left him partially paralyzed. He became an award-winning athlete, excelled in equestrian events and was an outstanding skier. He gave of his time both to speak and encourage others and also to enlist the support of community members.



Monday Tafoya's special interests were children with disabilities, helping them overcome obstacles and achieve success in their lives. Monday was active in the Special Olympics, she helped her son and other children reach their individual goals. She also worked to promote a diverse and integrated workforce, fostering equal opportunity for all employees.

The Nordmeier/Tafoya Memorial Scholarship Fund was established in honor of two Western Area Power Administration employees who died, along with four other employees, on December 18, 1992, when a Cessna citation crashed on its final approach to Billings Logan International Airport.

Since Bob and Monday were extensively involved in helping people with permanent disabilities, a \$1,000 scholarship will be awarded to one or more individuals with a permanent disability. The recipient must also attend a college or technical school in Montana during the 2011-2012 academic year.

The Scholarship is sponsored by Western Area Power Administration in partnership with the Bureau of Reclamation and Risk Management Agency. For additional information contact:  
Robin Johnson, 406-247-7426.

**Please send your application to Western Area Power, Attention Robin Johnson,  
PO Box 35800, Billings, MT, 59107-5800, by April 15, 2011.**

**NORDMEIER/TAFOYA MEMORIAL  
SCHOLARSHIP APPLICATION  
2011-2012**

**PRINT OR TYPE**

**I. PERSONAL DATA**

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

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

Phone: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Name of Montana institute you will be attending: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Number of credits you anticipate enrolling for the 2011-2012 school year (**Students must enroll for at least 9 semester credits to be considered for the scholarship.**):

Anticipated grade level for 2011-2012:

Freshman (never attended college)

Sophomore

Senior

Freshman (previously attended college)

Junior

Graduate/Professional

Your Major: \_\_\_\_\_ Current Cumulative GPA: \_\_\_\_\_

**You must include a copy of your most recent transcript.**

Personal References:

Name	Address	Phone

**II. EDUCATION**

Name of last high school attended, include city & state: \_\_\_\_\_

Names of other educational institutes attended, include city/state: \_\_\_\_\_

Date of Graduation/GED: \_\_\_\_\_

Honors & Awards Received: \_\_\_\_\_

Committees/Activities: \_\_\_\_\_

Personal Achievements: \_\_\_\_\_

**III. STATEMENT BY APPLICANT – How will this scholarship help you meet your personal and educational goals? (Please attach with application. No more than 1 typed page)**

**IV. EMPLOYMENT HISTORY (last 5 years)**

1.

Name & Address of Employer	Dates of Employment		Gross Monthly Earnings	Average hours worked per week?
	From:	To:		
			\$	
Name & Telephone Number of Supervisor		Title of Position		Reason for leaving?
Description of work:				

2.

Name & Address of Employer	Dates of Employment		Gross Monthly Earnings	Average hours worked per week?
	From:	To:		
			\$	
Name & Telephone Number of Supervisor		Title of Position		Reason for leaving?
Description of work:				

3.

Name & Address of Employer	Dates of Employment		Gross Monthly Earnings	Average hours worked per week?
	From:	To:		
			\$	
Name & Telephone Number of Supervisor		Title of Position		Reason for leaving?
Description of work:				

4.

Name & Address of Employer	Dates of Employment		Gross Monthly Earnings	Average hours worked per week?
	From:	To:		
			\$	
Name & Telephone Number of Supervisor		Title of Position		Reason for leaving?
Description of work:				

**COMPLETE THE ATTACHED SELF-IDENTIFICATION OF HANDICAP**

**V. FINANCIAL ELIGIBILITY STATEMENT** (Please read the Privacy Act Statement and the Information on the reverse side concerning inclusions and exclusions in family income before completing this section of the form. You may be asked to verify the information you provide.)

INSTRUCTIONS: List yourself and all family members living in your household (include people related by blood, marriage, or adoption) and provide the following information:

NAME	RELATIONSHIP	2010 ANNUAL INCOME	2011 PROJECTED ANNUAL INCOME
Total Number:		Total Amount:	Total Amount:

If there is a substantial difference in 2010 and 2011 projected income, please explain:

---



---



---

Were you claimed as a dependent for income tax purposes on another individual's most recent return?  
 NO  YES  If "YES," on whose return?

**VI. CERTIFICATION:**

I certify that all of the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Applicant's Signature and Date Signed

**PRIVACY ACT STATEMENT**

Your Social Security Number (SSN) is required to keep your records straight because other people may have the same name and birth date. We may also use your SSN to make requests for information about you from employers, schools, banks, and others who know you, but only as allowed by the law or Presidential directive. The information we collect by using your SSN may be used for studies and statistics. Giving us your SSN or any of the other information is voluntary. However, we cannot process your application if you do not give us the information we request. Incomplete addresses and ZIP Codes will also slow processing.

**INCLUSIONS IN FAMILY INCOME**

- Family income refers to total annual cash receipts before taxes from all sources. (Income data for a part-year period may be annualized.) These receipts include:
- Gross Wages and Salary - The total money earnings received from work performed as an employee. It represents the amount paid **BEFORE** deductions for income taxes, social security, bond purchases, etc.
  - Net Self-Employment Income - Net income (gross receipts minus operating expenses) from a business firm, farm, or their enterprise in which a person is engaged on his/her own.
  - Other Money Income - Money received from sources, such as public assistance payments (including Supplemental Security Income), social security or railroad retirement, unemployment and worker's compensation, strike benefits from union funds, training stipends, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the household; private and Government employees pensions, and regular insurance or annuity payments; and income from dividends, interest, rents, royalties, or periodic receipts from estates or trusts, and Veterans' benefits (i.e., education assistance, compensation payments).

**EXCLUSIONS FROM FAMILY INCOME**

- The following should not be included in the computation of total family income:
- Capital gains.
  - Any assets drawn down as withdrawals from bank, sale of property, house, or car.
  - Tax refunds, gifts, lump-sum inheritances, one-time insurance payment or compensation for injury.
  - Non-cash benefits such as employer-paid health insurance and other employee fringe benefits, food or rent received in lieu of wages, the value of food and fuel produced and consumed on farms, and the imputed value of rent from owner-occupied non-farm or farm housing.

**INDIVIDUALS CLAIMING SELF SUFFICIENCY**

If you are financially independent and (1) have not resided with your family for more than 6 months consecutively during the past 12-month period and (2) were not claimed as a dependent on another person's Federal income tax return for the last calendar year, you may be considered your own household of one person. If, however, you have resided on another person's Federal income tax return for the last calendar year, you may be considered your own household of one person. If, however, you have resided with your family for more than 6 consecutive months during the past 12-month period, the income of these family members must be reported on this form.

The information presented on this application is subject to verification by the selection committee.

# SELF-IDENTIFICATION OF HANDICAP

(See Instructions and Privacy Act Information on reverse)

Last Name, First Name, Middle Initial	Birth Date (Mo./Yr.)	Social Security Number	ENTER CODE HERE →
---------------------------------------	----------------------	------------------------	-------------------

**DEFINITION OF A HANDICAP:** A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that

are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

**TO THE EMPLOYEE:** Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

## PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- |                               |                                                                 |
|-------------------------------|-----------------------------------------------------------------|
| <b>61</b> One hand            | <b>67</b> One side of body, including one arm and one leg       |
| <b>62</b> One arm, any part   |                                                                 |
| <b>63</b> One leg, any part   |                                                                 |
| <b>64</b> Both hands          | <b>68</b> Three or more major parts of the body (arms and legs) |
| <b>65</b> Both legs, any part |                                                                 |
| <b>66</b> Both arms, any part |                                                                 |

**01** I do not wish to identify my handicap status. (Please read the employee note above and the reverse side of this form before using this code.) (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

## COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

- |                      |                                                                 |
|----------------------|-----------------------------------------------------------------|
| <b>70</b> One hand   | <b>76</b> Lower half of body, including legs                    |
| <b>71</b> Both hands |                                                                 |
| <b>72</b> One arm    | <b>77</b> One side of body, including one arm and one leg       |
| <b>73</b> Both arms  |                                                                 |
| <b>74</b> One leg    | <b>78</b> Three or more major parts of the body (arms and legs) |
| <b>75</b> Both legs  |                                                                 |

**05** I do not have a handicap.

**06** I have a handicap but it is not listed below.

## SPEECH IMPAIRMENTS

**13** Severe speech malfunction or inability to speak; hearing is normal (Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])

## HEARING IMPAIRMENTS

- 15** Hard of hearing (Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)
- 16** Total deafness in both ears, with understandable speech
- 17** Total deafness in both ears, and unable to speak clearly

## VISION IMPAIRMENTS

- 22** Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision (Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")
- 23** Inability to read ordinary size print, not correctable by glasses (Can read oversized print or use assisting devices such as glass or projector modifier)
- 24** Blind in one eye
- 25** Blind in both eyes (No usable vision, but may have some light perception)

## MISSING EXTREMITIES

- 27** One hand
- 28** One arm
- 29** One foot
- 32** One leg
- 33** Both hands or arms
- 34** Both feet or legs
- 35** One hand or arm and one foot or leg
- 36** One hand or arm and both feet or legs
- 37** Both hands or arms and one foot or leg
- 38** Both hands or arms and both feet or legs

## NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

- |                                                            |                            |
|------------------------------------------------------------|----------------------------|
| <b>44</b> One or both hands                                | <b>47</b> One or both legs |
| <b>45</b> One or both feet                                 | <b>48</b> Hip or pelvis    |
| <b>46</b> One or both arms                                 | <b>49</b> Back             |
| <b>57</b> Any combination of two or more parts of the body |                            |

## OTHER IMPAIRMENTS

- 80** Heart disease with no restriction or limitation of activity (History of heart problems with complete recovery)
- 81** Heart disease with restriction or limitation of activity
- 82** Convulsive disorder (e.g., epilepsy)
- 83** Blood diseases (e.g., sickle cell anemia, leukemia, hemophilia)
- 84** Diabetes
- 86** Pulmonary or respiratory disorders (e.g., tuberculosis, emphysema, asthma)
- 87** Kidney dysfunctioning (e.g., if dialysis [Use of an artificial kidney machine] is required)
- 88** Cancer—a history of cancer with complete recovery
- 89** Cancer—undergoing surgical and/or medical treatment
- 90** Mental retardation (A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(f) of Schedule A)
- 91** Mental or emotional illness (A history of treatment for mental or emotional problems)
- 92** Severe distortion of limbs and/or spine (e.g., dwarfism, kyphosis [severe distortion of back])
- 93** Disfigurement of face, hands, or feet (e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])
- 94** Learning disability (A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counselor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

---

### PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.