

**Indiana A.E.O.P.
Scholarship Application**



Indiana Association of Educational Office Professionals

**Affiliated with the
National Association of Educational Office Professionals**

Deadline: February 10th

IAEOP SCHOLARSHIP GUIDELINES

The **Indiana Association of Educational Office Professionals, Inc. (IAEOP)** will present one (1) \$1,000 scholarship yearly to an Indiana graduating senior. This scholarship is designed to assist a business or office-related career or vocation student who wishes to continue his/her education. Criteria for selection is based on: Scholastic 20%; Financial Need 20%; Letters of Recommendations 10%; Application and Essay 30%, Activities/School/Extracurricular 20% = 100%.

Applicant Eligibility

1. Applicant must intend to continue his/her education in any business or office related field, preferable in education.
2. Applicants must have completed two (2) or more business education courses four (4) Semesters from among the following: computer classes, communication, marketing, business communication, business management, finance/accounting, office practices and procedures, desk top publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)
3. The applicant shall be enrolled/expect to enroll as a full-time student in an institution of higher education (two or four-year college, university, business college/school or vocational/technical school).
4. The applicant must maintain at least a 2.8 (of a possible 4.0) G.P.A.
5. Applicant shall be responsible for the completion and return of all required support materials to the sponsoring affiliate association.

Application

An application will be considered complete when the following items have been received by the IAEOP Scholarship Committee.

1. The two (2) page application form provided by IAEOP. Regular paper (8 1/2"x11") is required for all attachments.
2. High School transcript with indication of class rank and GPA. Transcript shall be an official document and marked as such.
3. One page essay sheet on "Why I am Choosing a Business or Office-Related Career or Vocation".
4. Three (3) letters of recommendation from non-family or non-IAEOP members. Letters may be from school officials, teachers, former or present employers, others who should describe the student's activities and leadership record, character, personality, initiative, drive, home background, and/or other factors supporting his/her candidacy. Letterhead stationery is appropriate. No handwritten materials will be accepted.
5. Postmarked by February 5th or email by February 10th to: Rhonda Richey, IAEOP President, Logansport High School, One Berry Lane, Logansport, IN 46947 OR email to richeyr@lsc.k12.in.us

NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED

**Indiana Association of Educational Office Professional
SCHOLARSHIP APPLICATION**

PERSONAL

Name:

Last First Middle

Home Address:

Address City/State Zip Code

Telephone:

Cell Number: Area Code + Number

E-mail address

FAMILY

Name of Parent or Legal Guardian _____

Names of brothers and sisters in college:

Name: _____ College: _____

Name: _____ College: _____

Name: _____ College: _____

Name: _____ College: _____

Ages of other brothers and sisters: _____

Your family's approximate gross income (can be obtained from last year's tax return): _____

HIGH SCHOOL

School's Name:

School's Phone Number:

School Address:

Address City/State Zip Code

Principal: _____ Counselor: _____

Counselor's email address _____

Your Grade Point Average (based on 4.0) : _____ Class Rank: _____

Participation in activities and offices held:

a. In school: _____

b. Out of school: _____

Self Help (jobs held and dates): _____

Special talents and training: _____

Honors received in school: _____

List business courses taken and year completed:

<u>Business Course</u>	<u>Description</u>	<u>Year Completed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

College you plan to attend: _____

Have you been accepted?: _____ Course of Study: _____

Have you received other scholarship(s)? Y/N If Yes, Amount _____

Anticipated annual cost to attend/continue your education (including tuition, books, lodging, etc.) _____

ALL REQUIRED FORMS MUST BE POSTMARKED BY FEBRUARY 5th or emailed by February 10.

Rhonda Richey, IAEOP President, Logansport High School, One Berry Lane, Logansport, IN 46947

OR email to richeyr@lcsc.k12.in.us

LETTER OF RECOMMENDATION REQUEST

Student Name: _____

The above applicant is seeking a scholarship provided by the Indiana Association of Educational Office Professionals, Inc. The letter of recommendation from non-family or non-IAEOP members may be from school officials, teachers, former or present employers, or others who should describe the student's activities and leadership record, character, personality, initiative, home background, and/or other factors supporting his/her candidacy.

IAEOP scholarships are considered by the committee as follows:

Scholastic Record	20%
Financial Need	20%
Activities/School/Extracurricular	20%
Letters of Recommendations	10%
Biographical Sketch (application and essay)	30%

Letterhead stationery is appropriate. All material must be typed.

Please return your letter of recommendation to the applicant for transmission with his/her application to the IAEOP Scholarship Committee. All applications must be **postmarked on or before FEBRUARY 5th or emailed by February 10th**. Thank you for your support of this applicant for an IAEOP Scholarship.

*****please make copies of this form as needed*****

Date _____