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 member of the ***I* ndiana *A* ssociation of *E* ducational *O* ffice *P* rofessionals, Inc.** will present one (1) $1,000 scholarship yearly to Indiana graduating seniors. This scholarship is designed to assist a business education student who wishes to continue his/her education in an office-related career. Criteria for selection is based on: Scholastic 40%; Need 30%; Self Help 10%; Recommendations 10%; Biographical Sketch (Application and Essay) 10% = 100%.

Applicant Eligibility

1. Applicants must have completed two (2) or more business educational courses, four (4) semesters within four (4) years of high school from among the following: computer programming, accounting, finance, business (management, law, co-op,etc), computer science, or classes comparable to these courses.
2. The applicant shall be enrolled, having made application to an institute of higher education (two (2) or four (4) year college, university, business college, or school of vocational/ technical education).
3. The applicant must maintain a 2.8 (of a possible 4.0) G.P.A.

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. Transcript shall be an official document and marked as such.
3. One page essay sheet provided by IAEOP.
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. All material shall be typed. **Note:** It is advisable for your letters of recommendation to be addressed To Whom It May Concern.
5. Postmarked by February 5th or email by February 10th to:

IAEOP President, Rhonda Richey
Logansport High School
One Berry Lane, Logansport, IN 46947
OR email to richeyr@lcsc.k12.in.us

PLEASE TYPE

Indiana Association of Educational Office Professional
SCHOLARSHIP APPLICATION

PERSONAL

Name:

_____ _____ _____
Last First Middle

Home Address:

_____ _____ _____
Address City/State Zip Code

Telephone:

_____ _____
Home Number: Area Code + Number Work/Cell Number: Area Code + Number

FAMILY

Father's Name Occupation

_____ _____

Mother's Name Occupation

_____ _____

If parent's are deceased or separated, with whom do you live? _____

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): _____

SCHOOL

School's Name: School's Phone Number:
_____ _____(Area Code + #)

School Address:

_____ _____ _____

Address City/State Zip Code

Principal: _____ Counselor:_____

Your Grade Point Average: _____ 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: _____

_____

College you plan to attend: _____

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

Total Estimated Expenses for your first year: _____

If an IAEOP member is employed by your school, have them sign as your sponsor (if none, leave blank).

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Please refer to the scholarship application requirement page to be sure you have checked off all the items necessary to submit with this application.

ALL REQUIRED FORMS MUST BE RECEIVED BY *FEBRUARY 10th*

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	**40%**
Need	**30%**
Self Help	**10%**
Recommendations	**10%**
Biographical Sketch (application and essay)	**10%**

Letterhead stationery is appropriate. All material must be typed. It is advisable for your letters of recommendation to be addressed To Whom It May Concern.

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

IAEOP Scholarship Committee

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

INDIANA **A**SSOCIATION OF EDUCATIONAL **O**FFICE **P**ROFESSIONALS

SCHOLARSHIP

ESSAY

(Please type. Essay should be 500 words or less.)

"Why I Am Choosing an Office-Related Career or Vocation"

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Signature of Applicant **Date**