Indiana A.E.O.P.
Scholarship Application

Indiana Association of Educational Office Professionals, Inc.

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@lcsc.k12.in.us
NO HANDWRITTEN APPLICATIONS WILL BE ACCEPTED

Indiana Association of Educational Office Professionals
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 Address:

________________________________________  __________________________  __________________________

Address                                   City/State                    Zip Code

School’s Phone Number:

________________________________________
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:

<table>
<thead>
<tr>
<th>Business Course</th>
<th>Description</th>
<th>Year Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Scholastic Record</th>
<th>20%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Need</td>
<td>20%</td>
</tr>
<tr>
<td>Activities/School/Extracurricular</td>
<td>20%</td>
</tr>
<tr>
<td>Letters of Recommendations</td>
<td>10%</td>
</tr>
<tr>
<td>Biographical Sketch (application and essay)</td>
<td>30%</td>
</tr>
</tbody>
</table>

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