

Illinois Association of Educational Office Professionals

Student Scholarship

2020

Dena Henricks, Chairman
IAEOP Student Scholarship
Highland CUSD No. 5
400 Broadway
Highland, IL 62249

Phone: 618-654-2106 ext. 1002
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Illinois Association of Educational Office Professionals

RECOMMENDATION OF SPONSORING MEMBER/AFFILIATED ASSOCIATION

1. Applicant's Name _____
2. Applicant's Street Address _____
City, State, Zip _____ Phone _____
3. Attached is completed application including all required forms and attachments. We have confirmed there are one (1) signed original copy.
Attested To By _____ Date _____
Position Held in Association _____
4. Name of Sponsoring Member/Affiliated Association _____
5. Name of Member/Association President _____
6. Address of Member/Association President _____
City, State, Zip _____
7. Phone of Member/Association President: Home _____ Office _____
8. Signature of Member/Association President _____ Date _____

MAIL ORIGINAL COPY OF COMPLETED APPLICATION PACKET TO:

**Dena Henricks, Chairman
IAEOP Student Scholarship
Highland CUSD No. 5
400 Broadway
Highland, IL 62249**

APPLICATION MUST BE POSTMAILED NO LATER THAN FEBRUARY 1, 2020

Illinois Association of Educational Office Professionals

STUDENT SCHOLARSHIP

GUIDELINES

These scholarships are designed to assist business education students who wish to continue their education and pursue office-related careers, preferably in the educational field.

IAEOP may award more than one scholarship depending on funds available – in the amounts of \$1,000 or \$500.

AFFILIATE REQUIREMENTS/INFORMATION

1. Applicant must be sponsored by an affiliate of IAEOP or by an individual IAEOP member who represents an Illinois locale where no local organization exists.
2. A member or affiliated association may sponsor only one candidate.
3. A member or Affiliated association must submit candidate application and supporting documents to the IAEOP scholarship chair postmarked no later than **February 1, 2020**.

APPLICANT ELIGIBILITY CRITERIA

1. Applicant must intend to continue his/her education year in an educational office-related business program.
2. Applicant may be a graduating high school student who has made application to continue his/her education, or the applicant may currently be pursuing such a course of study in an institution of higher education.
3. Applicant must have completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding/typing, marketing, business communication, accounting, office practices and procedures, bookkeeping, Desktop publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)
4. Applicant shall be enrolled/expect to be enrolled as a full-time student in an institution of higher education (two- or four-year college, university, business college/school, or vocational/technical school.)
5. Applicant shall be responsible for the completion and return of all required support materials. (See Application Requirements Section.)

APPLICATION

An application will be considered complete when the IAEOP Scholarship Chairman has received the following items:

1. Application for scholarship on the form (Form 2) provided by IAEOP. (Failure to use correct form will result in disqualification.)
2. Biographical information form (Form 3) completed. (ALL items must be completed. Failure to complete the form in its entirety will result in disqualification.)
3. High school transcript with indication of class rank as of the last class period. Transcript shall be an official document and marked as such (Please provide two official copies). (If a transcript for the fall quarter/semester is not available on time to meet deadlines, a letter from an appropriate official of the

institution, on the institution's letterhead with the institution's seal affixed, indicating the student's class rank of the first quarter/semester of the current academic year will be acceptable.)

4. Post-secondary transcript(s) for all course work completed as of the last grading period. Transcript(s) shall be an official document and marked as such. (Please provide two official copies)
5. One-page essay on **“Why I Am Choosing an Office-Related Career or Vocation”** (Form 4).
6. Three (3) letters of recommendation from non-family or non-IAEOP members. Letters 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, drive, home background, and/or other factors supporting his/her candidacy. Letterhead stationery, where appropriate, is required. All materials shall be typed.
7. Member/Affiliate nomination form (Form 1) must be typed (responsibility of affiliate).

NOTE: Only application forms provided by IAEOP and marked IAEOP Student Scholarship may be used. Local application forms will not be considered. Application Forms and support materials become the property of IAEOP and will not be returned to the affiliate association or applicant. Neatness and accuracy will be considered. Regular paper (8 1/2" by 11") is required for all additional attachments.

Failure to submit all requested information, to follow all guidelines and to send requested copies of application and support materials will result in disqualification. No exceptions will be made.

SELECTION CRITERIA/PROCEDURE

1. Award is based on the following criteria for selection:

Scholastic Record.....	40%
Financial Need.....	30%
Recommendations	10%
One-Page Essay.....	10%
Activities/School/Extra Curriculum	10%

2. A panel of impartial judges will determine the awards.
3. Sponsoring affiliate association will be notified of winner, and that affiliate in turn will be responsible for notification of its candidate.

AWARD DISBURSEMENT

IAEOP will provide a direct disbursement (for tuition, books fees and other expenses) to the institution upon receipt of registrar's official notification of enrollment of the awardee in an institution of higher education.

If guidelines of the IAEOP Scholarship are not met, it is understood that IAEOP reserves the right to withdraw the scholarship award and present it to the runner-up.

Submit original application and attachments. **APPLICATION MUST BE POSTMARKED NO LATER THAT FEBRUARY 1, 2020 AND MAILED TO:**

**Dena Henricks, Chairman
IAEOP Student Scholarship
Highland CUSD No. 5
400 Broadway
Highland, IL 62249**

Illinois Association of Educational Office Professionals

STUDENT APPLICATION

1. Name of Applicant _____
First Middle Last
2. Home Address _____
Street City & State Zip
3. Telephone _____ Social Security No. _____ Gender _____
4. Date of Birth (Month/Day/Year) _____ Birthplace (City/State) _____
5. Name & Address of high school or college now attending: _____

 (Attach a high school transcript/class rank, GED, or college transcript from last grading period.)

6. Graduation date from high school or college _____

7. If a high school senior, list in order of preference three colleges, universities, or business schools to which you have formally applied for admission. (Name & Address of Educational Institution)

	Accepted
	Accepted
	Accepted

8. List school extracurricular activities including athletics music, etc., and offices held. (if more space is needed, attach another sheet.)

9. Academic Awards or honors.

10. List your community activities (non-school) including all offices held.

11. Have you worked part-time during your school career? If so list.

Where Employed	Primary Responsibility	Dates

Illinois Association of Educational Office Professionals

STUDENT BIOGRAPHICAL INFORMATION

1. Applicant's Name _____
2. Father's Name _____ Mother's Name _____
3. Father's Address _____
4. Mother's Address _____
5. Father's Occupation _____ Mother's Occupation _____
6. Number of parents' dependents (not including you) and their ages: _____

7. Are any dependents attending college? _____ How many? _____
8. What is your chosen major? _____
9. What is your career objective? _____

10. Will your parents assist you financially in continuing your education? _____
11. Will you have any other assistance (social security benefits, etc.) _____
12. Have you received any other scholarships? If so, list _____

13. How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? _____
14. Please check the range of your family's annual income:
_____ Below \$15,000 _____ \$25,000 - \$29,999 _____ \$40,000 - \$44,999
_____ \$15,000 - \$19,999 _____ \$30,000 - \$34,999 _____ \$45,000 - \$49,999
_____ \$20,000 - \$24,999 _____ \$35,000 - \$39,999 _____ \$50,000 & Above
15. List any other family income: _____
16. List any other family/financial/personal adversity circumstances which should be considered: _____

I certify that the above information is true and correct.

Signature of Applicant

Date

Illinois Association of Educational Office Professionals

ESSAY

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

“WHY I AM CHOOSING AN OFFICE-RELATED CAREER OR VOCATION”

Signature of Applicant

Date