

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



**Indiana Association of Educational Office Professionals**

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

**Deadline: February 10<sup>th</sup>**

## IAEOP

### SCHOLARSHIP GUIDELINES

A 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 at least a 2.8 (of a possible 4.0) G.P.A.

#### **SCHOLARSHIP DISTRICTS**

##### **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. The correct county and district recorded on the application (**refer to the map online**).
6. Postmarked by February 5<sup>th</sup> or email by February 10<sup>th</sup> to:

IAEOP President, Rhonda Richey  
Logansport High School  
One Berry Lane, Logansport, IN 46947  
**OR** email to [richeyr@lcsc.k12.in.us](mailto: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
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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).

\_\_\_\_\_

In this scholarship application booklet, you will find a map of Indiana showing the counties and districts of the state. Please fill in the county and district number where you go to school.

Name of County: \_\_\_\_\_ District #: \_\_\_\_\_

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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**

**POSTMARKED BY FEBRUARY 5<sup>th</sup> or emailed by February 10.**

## 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:**

<b>Scholastic</b>	<b>40%</b>
<b>Need</b>	<b>30%</b>
<b>Self Help</b>	<b>10%</b>
<b>Recommendations</b>	<b>10%</b>
<b>Biographical Sketch (application and essay)</b>	<b>10%</b>

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 on or before FEBRUARY 5<sup>th</sup> or emailed by 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\*\*\*\*\*

