

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP STUDENT SCHOLARSHIP

(AFFILIATE SPONSORED)

Established by Hayes Holman, April 27, 1966

Rhonda Quinton, CEOE
WAEOP Scholarship Chairman

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

**WAEOP STUDENT SCHOLARSHIP GUIDELINES
(AFFILIATE SPONSORED)**

This is a scholarship designed to assist business education students who wish to continue their education and pursue an office-related career, preferably in the field of education.

The scholarship is valued at \$750. One scholarship will be awarded.

AFFILIATE REQUIREMENTS/INFORMATION

1. Candidates must be sponsored by an affiliate of WAEOP, which qualifies as a contributing member to the WAEOP Scholarship Fund during the current year (August 1-July 31). Affiliates must have contributed a minimum of twenty-five dollars (\$25) **OR** contributions may accompany the application. (Local associations must have affiliated prior to November 1 of the current school year.)
2. An affiliated association may sponsor only one candidate.
3. An affiliated association must submit candidate application and supporting documents to the WAEOP Scholarship Chairman postmarked by FEBRUARY 1 of the current school year.

CANDIDATE ELIGIBILITY CRITERIA

1. Candidate must intend to continue his/her education in an office-related business program.
2. Candidate may be a graduating high school student who has made application to continue his/her education, OR the candidate may currently be pursuing such a course of study.
3. The candidate must have completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding, marketing, business communication, accounting, office practices and procedures, bookkeeping, Desk Top publishing and/or business law. (Courses may have been taken in high school, college, or a combination.)
4. The candidate 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. Candidate shall be responsible for the completion and return of all required support materials. (See Application Section.)

APPLICATION

An application will be considered complete when the following items have been received by WAEOP.

1. Application for scholarship on the appropriate form provided by WAEOP and marked WAEOP Student Scholarship (affiliate sponsored). (Failure to use correct form will result in disqualification.)
2. Biographical Information form completed. (ALL items must be completed. Failure to complete the form in its entirety will result in disqualification.)
3. High school transcript. Transcript shall be an official document and marked as such.
4. Post-secondary transcript(s) for all coursework completed as of the last grading period. Transcript(s) shall be an official document and marked as such.
5. One-page essay on “Why I Am Choosing an Office-Related Career or Vocation.”
6. Three letters of recommendation – from non-family or non-WAEOP 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 is appropriate. All material shall be keyboard generated.
7. Affiliate recommendation form (responsibility of affiliate).

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

Failure to submit all requested information, to follow all guidelines, or 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 academic standing, financial need and initiative.

2. Criteria for selection:

- | | |
|---|-----|
| • Scholastic Record (Form 1) | 40% |
| • Activities/School/Extra-Curriculum (Form 1) | 10% |
| • Financial Need (Form 2) | 30% |
| • One-Page Essay (Form 3) | 10% |
| • Recommendations (form 4 & attached letters) | 10% |

3. An impartial panel of judges will determine awards.
4. Sponsoring affiliate association will be notified of winners, and they in turn will be responsible for notification of their candidate.

AWARDS/DISBURSEMENT

1. WAEOP will provide a direct disbursement in the amount of the award won by each recipient upon receipt of registrar's official notification of enrollment of the awardee in an institution of higher education.
2. The approved monies will be valid only for the academic year following the awarding of the scholarship.
3. If conditions of the WAEOP Student Scholarship are not met, it is understood that WAEOP reserves the right to withdraw the scholarship award.

STUDENT INFORMATION

1. Affiliate must submit the application to the WAEOP Scholarship chairman: postmarked by FEBRUARY 1 of the current school year.
2. Award to be presented at Spring Conference.

SUBMITTING APPLICATIONS

WAEOP AFFILIATES-SEND APPLICATIONS TO:

Rhonda Quinton, CEOE
WAEOP Scholarship Chairman
PO Box 829
Connell, WA 99326

Phone: 509-234-2021

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP STUDENT SCHOLARSHIP (AFFILIATE SPONSORED) APPLICATION

Form 1

Social Security Number _____ Telephone _____

Name of Applicant _____
First Middle Last

Home Address _____

Date of Birth _____ Birthplace _____ Female Male (circle one)

Name and address of high school or college now attending: _____
(Attach a high school transcript, GED, or college transcript from last grading period.)

Name of Educational Institution	Address	Accepted ? (Circle one)
_____	_____	Yes No
_____	_____	Yes No
_____	_____	Yes No

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

_____	_____
_____	_____
_____	_____

Academic awards or honors:

_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____

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

Where Employed	Primary Responsibility	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

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WAEOP STUDENT SCHOLARSHIP (AFFILIATE SPONSORED)
BIOGRAPHICAL INFORMATION

Form 2

Applicant's Name _____

Father's Name _____

Father's Address _____

Mother's Name _____

Mother's Address _____

Father's Occupation _____ Mother's Occupation _____

Number of dependents (not including you) and their ages: _____

Are any presently attending college? _____ How many? _____

What is your career objective? _____

Will your parents assist you financially in continuing your education? _____

Will you have any other assistance (social security benefits, etc.)? _____

Have you received any other scholarships? If so, list below:

How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? _____

Please check the range of your family's annual income:

Below \$15,000 \$20,000-\$24,999 \$30,000-\$34,999 \$45,000-\$49,999

\$15,000-\$19,999 \$25,000-\$29,999 \$35,000-\$39,999 \$50,000-above

List any other family income: _____

List any other family/financial circumstances, which should be considered: _____

I certify that the above is true and correct.

Signature of Applicant _____

Date _____

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WAEOP STUDENT SCHOLARSHIP (AFFILIATE SPONSORED) Form 3

ESSAY

(Please keyboard generate)

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

Signature of Applicant _____ Date _____

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP STUDENT SCHOLARSHIP (AFFILIATE SPONSORED) Form 4

Candidate's Name _____ Social Security # _____

Candidate's Address _____

City State Zip

Reason for recommending candidate _____

Name of Sponsoring Affiliated Association _____

Name of Association President _____

Address of Association President _____

City State Zip

Telephone of Association: Home _____ Office _____

Signature of Affiliate President (or designee)

STATEMENT OF CONTRIBUTION

Make all checks payable to WAEOP

We are sponsoring a candidate. Our fee of at least \$25 is included. \$ _____

We have contributed at least \$25 to the WAEOP Scholarship Fund on: _____ Amount \$ _____

At this time, we do not intend to sponsor a candidate for the WAEOP Student Scholarship, but enclosed is a contribution in the amount of: \$ _____

I/We wish to contribute to the WAEOP Student Scholarship Fund in memory of: _____

Amt \$ _____

Please notify person listed of the memorial made by (association/individual)

(Name) _____ (Address) _____

President of Association _____ Address of President _____

MAIL APPLICATION AND SUPPORT MATERIALS TO:

Rhonda Quinton, CEO
WAEOP Scholarship Chairman
PO Box 829
Connell, WA 99326
Phone: 509-234-2021