

Central Area
Educational Office Professionals
Affiliated with the National Association of Educational Office Professionals



Member Dependent Scholarship

Please read carefully and follow the GUIDELINES

MUST be postmarked by March 15 and mailed to

Martha Carson CEOE
Central Area Scholarship Chairman
3002 Farmdale Ln
Freeport, IL 61032

Established: April 24, 2010

Central Area
Educational Office Professionals
Martha Carson, CEOE, Central Scholarship Chairman
3002 Farmdale Ln
Freeport, IL 61032
815-233-4310
marthavcarson@aol.com

Member Dependent Scholarship GUIDELINES

This scholarship's value will be determined each year based on the financial standing of the organization. Additional yearly scholarships may also be awarded if funds allow. The minimum amount for this scholarship will be no less than \$250.00.

This is an undergraduate program scholarship available for children or grandchildren of active, life, or retired members of the National Association of Educational Office Professionals residing or working in the Central Area.

The student must enroll in an accredited college or university. (Minimum of twelve semester hours)

Application forms for the scholarship are available from the Central Area Director, State Association Presidents, and Central Area NAEOP affiliate organizations. Form must be postmarked March 15.

To qualify, applicant must:

1. Have a high school diploma or equivalent, or be enrolled in an accredited college or University
2. Complete the required application and provide:
 - a. Biographical information **including essay** on future plans (see application form)
 - b. Official transcript (high school graduating senior or equivalent, or transcript of work completed at a college or university)
 - c. Three (3) letters of recommendation (1 each from: relative, school/job, counselor/professor)
 - d. Provide the original application and three (3) copies of all materials.

The Central Area Scholarship Committee elected at the Annual NAEOP Area Breakfast will select the scholarship winner. Applicants will be notified of the committee's decision by May 15.

The scholarship stipend will be mailed directly to the recipient following written notification from the college of the student's enrollment. This notification should be mailed to the Central Area Scholarship Chairman.

MAIL COMPLETED APPLICATION FORM TO:

Central Area
Educational Office Professionals
Martha Carson, CEOE, Central Area Scholarship Chairman
3002 Farmdale Ln
Freeport, IL 61032

Central Area Educational Office Professionals
Member Dependent Scholarship

Application Form

Form must be completed on a computer or typewriter

CANDIDATE INFORMATION

Date of Application _____

1. Full Name _____ Date of Birth ____/____/____
 First Middle Last

Address _____
 Street/PO Box City State Zip Phone #

Relationship of Candidate to Member: _____

2. Last GPA _____ 3. High School Graduation Date _____

4. List of Community (non-school) activities, including any offices held:

5. List school extracurricular activities, including athletics, music, etc, and any office held:

6. Academic Awards and/or Honors

Extra sheets may be attached, if necessary.

MEMBER INFORMATION

Name _____ NAEOP Membership Number _____

Address _____
 Street/PO Box City State Zip

Phone: Office _____ Home _____ Fax _____

REMINDER: Essay must be included. Please limit to one page, typed in 12 point font, double spaced.

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BIOGRAPHICAL INFORMATION

1. Legal Guardian's Name _____
First Middle Last

Address _____
Street City State & Zip

Home Phone (____) _____ Fax (____) _____ E-mail _____

2. Name and age and school attending of siblings

Name	Age	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Your career plans: _____
(Attach essay to Application form)

4. Will your legal guardian(s) assist you financially in continuing your education? Yes ___ No ___
If yes, how much additional assistance do you feel you will need to continue your education? _____

5. List any other family/financial circumstances which should be considered.

I certify the above information to be true and correct

Signature of Applicant Date _____

APPLICATION RECEIVED BY CENTRAL AREA SCHOLARSHIP CHAIRMAN _____
Date or stamp