

LOLA MAE FARMER MEMBER DEPENDENT
SCHOLARSHIP GUIDELINES

Funds for the Lola Mae Farmer Member Dependent Scholarship have been allocated by members of the Kansas Association of Educational Office Professionals (KAEOP) to be given for the purpose of attracting students into an accredited college or university. (Minimum of twelve semester hours.) This is an undergraduate program scholarship available for descendants of active, life or retired members as of the date of application. A descendant is defined as a blood relative or by marriage relative (i.e. grandchild, step-grandchild).

One \$100.00 scholarship will be awarded annually, and is not limited to tuition only, but will be offered for the purpose of books, payment of fees, supplies or other expenses required. Emphasis for selection of the recipient will be placed on scholarship, initiative, etc. The scholarship stipend will be mailed to the recipient's institution of choice prior to the beginning of the semester/year for which the scholarship is awarded.

Scholarship recipient will be selected by the KAEOP Scholarship Committee. Applicants will be notified of the Committee's decision.

This scholarship is named for Lola Mae Farmer, past president of KAEOP and honors all deceased members of KAEOP.

To qualify, applicants 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
 - B. Transcript (high school if graduation senior or equivalent, or transcript of work completed at college or university).
 - C. Three (3) letters of recommendation.

DEADLINE FOR RECEIPT OF APPLICATION: JANUARY 15

Mail Completed Application Form to:

Debbie Opheim, Scholarship Chairman, 174 Peachwood Dr., Haysville, KS 67060

KANSAS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
LOLA MAE FARMER MEMBER DEPENDENT SCHOLARSHIP
BIOGRAPHICAL INFORMATION
(Please type)

1. Legal Guardian's Name _____

Address _____
(Street) City (Zip)

Home Phone _____

E mail address _____

2. Number of dependents (excluding you) names, ages and schools attending:

(Name) (Age) (School)

3. Your career plans

(Attach Essay to Application Form)

4. Will your legal guardians assist you financially in continuing your education?

___ Yes ___ No

5. If so, how much additional assistance do you feel you will need to continue your education? _____

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

___ Below \$10,000 ___ \$30-\$39,999 ___ \$60-\$69,999
___ \$10-\$19,999 ___ \$40-\$49,999 ___ \$70,000-above
___ \$20-\$29,999 ___ \$50-\$59,999

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

I certify the above information to be true and correct.

(Signature of Applicant)

(Date)

KANSAS ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
LOLA MAE FARMER MEMBER DEPENDENT SCHOLARSHIP
APPLICATION FORM
(Please type)

MEMBER INFORMATION

Name: _____

Address: _____
(Street) (City) (Zip)

Phone: Office: _____ Home: _____

CANDIDATE APPLICATION FORM

Date of Application: _____

1. Name of applicant: _____

Address: _____
(Street) (City) (Zip)

Phone: _____

Date of Birth: _____

2. Last G.P.A.: _____

3. High School Graduation Date: _____

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

5. List school extra-curricular activities including athletics, music, including any offices held:

6. Academic Awards and Honors:

