

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP DEPENDENT STUDENT SCHOLARSHIP
(MEMBER SPONSORED)

MEMBER SIGNATURE (Required)

Pam Craft
WAEOP Scholarship Chairman

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP DEPENDENT STUDENT SCHOLARSHIP (MEMBER SPONSORED) GUIDELINES

This is a scholarship designed to assist the child of a WAEOP member.
The scholarship is valued at \$1000. One scholarship will be awarded.

MEMBER REQUIREMENTS/INFORMATION

1. The candidate's parent or guardian must be a current member of WAEOP as confirmed by the Membership Chairman. (Current membership must be effective by November 1 of year application is made.)
2. A member must submit candidate application and supporting documents to the WAEOP Scholarship Chairman postmarked no later than FEBRUARY 1 of the current year.

CANDIDATE ELIGIBILITY CRITERIA

1. 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.
2. The candidate shall be enrolled/expect to be enrolled as a full-time student in a post-secondary institution of higher education (two- or four-year college, university, business college/school, or vocational/technical institute).
3. 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 Dependent Student Scholarship (member 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 course work 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 Applying for the WAEOP Scholarship."
6. Three letters of recommendation from non-family on non-WAEOP members. Letters may be from school officials, teachers, former or present employers, or teachers 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.
7. Signature of sponsoring parent.

NOTE: Only application forms provided by WAEOP and WAEOP Dependent Student Scholarship (Member 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 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, 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 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 (Attached Letters)	10%
3. An impartial panel of judges will determine awards.

AWARD/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 Dependent Student Scholarship are not met, it is understood that WAEOP reserves the right to withdraw the scholarship award.

STUDENT INFORMATION

1. Submit the application to the WAEOP Scholarship Chairman: postmarked no later than February 1 of the current year.
2. Award to be presented at Spring conference.

SUBMITTING APPLICATIONS

WAEOP MEMBERS – SEND APPLICATIONS TO:

Pam Craft
WAEOP Scholarship Chairman
P.O. Box 2455
Auburn, WA 98071

Phone: 253-261-5827

WASHINGTON ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

WAEOP DEPENDENT STUDENT SCHOLARSHIP (MEMBER SPONSORED) APPLICATION

Social Security Number [] Telephone []

Name of Applicant []
First Middle Last

Home Address []

Date of Birth [] Birthplace [] Female Male

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?
[]	[]	Yes <input type="checkbox"/> No <input type="checkbox"/>
[]	[]	Yes <input type="checkbox"/> No <input type="checkbox"/>
[]	[]	Yes <input type="checkbox"/> No <input type="checkbox"/>

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
[]	[]	[]
[]	[]	[]

**WAEOP DEPENDENT STUDENT SCHOLARSHIP (MEMBER SPONSORED)
BIOGRAPHICAL INFORMATION**

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:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

WAEOP DEPENDENT STUDENT SCHOLARSHIP (MEMBER SPONSORED)

ESSAY

Form 3

(Please keyboard generate)

“WHY I AM APPLYING FOR THE WAEOP SCHOLARSHIP.”

Signature of Applicant _____

Date