South Carolina Association of Educational Office Professionals

Marian Garrett Student Scholarship Application

Guidelines for Application

1. Applicants must complete a *SCAEOP Scholarship Application* form; write a one-page biographical sketch on "Why I Chose a Career in Business". Secure three letters of recommendation from (1) counselor, or other school administrator; (2) a business education teacher; (3) a community member other than a SCAEOP member or family member. Lastly, an official high school transcript. Submit these items along with the application to the SCAEOP scholarship committee at the address stated on the application form.

2. Application materials must be **postmarked by December 1.**

3. All applicants will be notified immediately after the judges' decision is final.

4. Scholarship recipients will be acknowledged at the SCAEOP conference in February. Recipients may be asked to submit a picture and a short video thanking SCAEOP for providing them with the scholarship.

5. A check will be issued to the winner only upon notification from an accredited school certifying that the winner is registered for the fall term.

Eligibility

1. Applicants must be a graduating high school senior.

2. Applicants must have maintained a "C" average or better in high school and a "B" average in high school business courses.

3. Applicants must plan to enter an accredited institution of higher learning in the fall term following the granting of the scholarship.

4. Applicants must be a United States citizen and a resident of South Carolina.

Criteria for Judging

1. Need for Assistance……. 50%
2. Scholastic Achievement…….…… 25%
3. Initiative ……..…… 10%
4. Quality and completeness of application materials……..…… 10%
5. Extracurricular activities…… 5%

South Carolina Association of Educational Office Professionals

Marian Garrett Student Scholarship Application-$500 Awarded to Full-time Student & $250 Awarded to Part-time Student

This scholarship program is open to graduating high school students pursuing a degree in the business field, preferably in the educational area. If possible, please type the application and additional supporting materials which are required. It is suggested that all instructions and questions of the entire application form be read carefully before attempting to supply the information requested.

Name: _____ Age _____
First Middle Last

Address: _____
Street City State Zip Code County

Telephone Number: (_____) _____

School Presently Attending _____

Name of Father/Guardian: _____

Address: _____

Occupation: _____ Approximate Annual Salary: _____

Employer: _____

Name of Mother/Guardian: _____

Address: _____

Occupation: _____ Approximate Annual Salary: _____

Employer: _____

Number of Children Living at Home_____ Number of Children Attending College _____

Applicant's Proposed Occupation: _____

List in order of preference three colleges, universities, or business schools where you have formally applied or plan to apply for admission.

Name of Institution	Address	Accepted Yes	Accepted No

Please state the reason(s) why you need financial assistance. (If more space is needed, attach another sheet.)

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

List academic awards and/or honors received. (If more space is needed, attach another sheet.)

Please use this space to record additional information you feel would be of interest to the scholarship committee.

Certification

I, the undersigned, hereby make application for a South Carolina Association of Educational Office Professionals' (SCAEOP) Marian Garrett Student Scholarship and certify that:

1. All the information submitted is true and correct.
2. I will use any funds received from the South Carolina Association of Educational Office Professionals (SCAEOP) for the purpose of paying expenses for my college education; and
3. I will notify the chairman of the South Carolina Association of Educational Office Professionals scholarship committee immediately if there should be any interruption in my plans for continuing my education this coming year.

Applicant's Signature _____ Date _____

Application must be postmarked by December 1, 2026

MAIL COMPLETED APPLICATION FORM TO:

Arica Armstrong
SCAEOP Student Scholarship Chairman
2018 Church St
Georgetown, SC 29440
(843) 436-7157 (Phone)
aarmstrong@gcsd.k12.sc.us (Email)

Rev 9/92, 2005, 2008, 2014, 2017, 2020