SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS-RETIRED (SCAEOP-R)



DOT AIKEN SCHOLARSHIP FOR SCAEOP-RETIRED MEMBERS' GRANDCHILDREN AND GREAT GRANDCHILDREN

Please read carefully as some GUIDELINES have changed and must be followed!

APPLICATION FOR 2025 SCHOLARSHIP

MUST BE POSTMARKED BY January 15, 2025

SUBMIT completed packet to:

Pauline A. Alford, CEOE, Chairman

212 SW Fieldsedge Drive

Moore, SC 29369

Cell: 864-316-4841

SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS-RETIRED (SCAEOP-R)

Dot Aiken Scholarship for SCAEOP-Retired Grandchildren and Great Grandchildren GUIDELINES

Please read the Guidelines carefully and adhere to the instructions. It is recommended that the applicant make and keep a copy of all documents submitted as the application packet in its entirety will be retained by SCAEOP-R and not returned to the applicant. The strictest confidence will be maintained during the application process.

TO QUALIFY FOR THE \$1,000.00 Scholarship, the applicant must:

Be a grandchild or great grandchild of a SCAEOP-Retired member. The grandparent/great grandparent must have been a South Carolina Association of Educational Office Professionals (SCAEOP) member for five (5) years or a current SCAEOP-RETIRED member in good standing.

Be a graduating high school student who has made application to an accredited institution of higher learning OR may be currently enrolled in an accredited institution of higher learning.

Maintain a 2.5 GPA (grade point average) or "C" letter grade, depending upon the institute's academic grading system.

The applicant must submit the following:

The SCAEOP-Retired Dot Aiken Scholarship.

A **transcript (1)** provided by the graduating student's high school **OR** a **transcript (1)** provided by the accredited institution of higher learning. The post-secondary transcript should include all course work completed as the last grading period.

NO FAMILY FINANCIAL DATA IS REQUIRED

A one-page essay on "Why I am Choosing to Further My Education."

A letter (1) from either Counselor, Teacher, Professor or Administrator that describes the student's activities and leadership record in high school/college/university, personal traits, character, initiative, home background, etc.

A letter (1) from an employer or member of the community or church, NOT a member of the family or a member of SCAEOP or SCAEOP-RETIRED. (No other information about the applicant will be accepted.)

A one-page statement by a grandparent or great grandparent as to why the application is being submitted along with verification of SCAEOP and SCAEOP-R memberships.

If an applicant has received the SCAEOP-R Dot Aiken Scholarship in prior years, and is still in an accredited college, they may apply again for the SCAEOP-R Dot Aiken Scholarship.

See the scholarship checklist form to ensure the required materials are sent with the application packet. No scholarship will be awarded if the Scholarship Committee concludes that no applicant met the specific qualifications.

SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS-RETIRED (SCAEOP-R)

DOT AIKEN SCHOLARSHIP APPLICATON FOR SCAEOP-RETIRED GRANDCHILDREN/GREAT GRANDCHILDREN

All information must be typed (keyboarded). (See www.scaeop.org tab Retired Dot Aiken Scholarship). The applicant is to complete the application, secure the required attachments (as listed in the Guidelines), and send the original along with all materials to the SCAEOP-R Dot Aiken Scholarship Committee Chairman, postmarked by January 15, 2025. ONLY ONE TRANSCRIPT IS NEEDED.

| Application for Academic Year: 20 20 | | | Date of Application: | | | | |
|--|-------------------------------|----------------------|----------------------|--------------------|--------|--------------|--------------|
| Full Name(Mr./Mis | s/Mrs./Ms.): | | | | | | |
| | Last | | First | | Middle | | |
| Permanent Addres | s: | | | | | | |
| | Street Address | | City | State | | Zip Code | |
| Date of Birth: | | | | | | | |
| | Month/Day/Year | Phone (Cell) | | Email Address | | | |
| Have you ever red | ceived the Dot Aiken Scho | olarship? | Yes | No | Y | ear Received | |
| Name and address | s of high school, college, or | university you NO | W attend: | | | | |
| If not employed, lis | t your summer activities: _ | | | | | | |
| College/University | you plan to attend/are atter | nding: | | | | | |
| Address of College | e/University: | | | | | | |
| Address | | City | | | State | Zip Code | |
| Career Objective (s | s): | | | | | | - |
| Number of depend | ent brother and sisters: | | | | | | |
| Any other brothers | /sisters attending college/ui | niversity? | If yes, Name | and location: | | | - |
| Other dependents | ? If yes, explain re | lationship. | | | | | · - |
| What activities in h | igh school, college/universi | ity, and/or your cor | nmunity have | been meaningful to | you? | | |
| What honors, achie sheet if necessary. | | | | | | | separate |
| List hobbies or spe | ecial interests you have: Us | | | | | | |

SCAEOP-RETIRED DOT AIKEN SCHOLARSHIP APPLICATION (Continued)

| Name of Applicant: | | |
|--------------------------|---|--|
| STU | IDENT ESSAY | |
| "WHY I AM CHOOSING | "WHY I AM CHOOSING TO FURTHER MY EDUCATION" | |
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| | | |
| (Signature of Applicant) | (Date) | |

SCAEOP-RETIRED DOT AIKEN SCHOLARSHIP APPLICATION (Continued)

| Name of Applicant: |
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STATEMENT BY GRANDPARENT/GREAT GRANDPARENT

"Why I am Nominating My Grandchild/Great Grandchild for this Scholarship"

| Name of Grandparent/Great Grandparent: | | | |
|---|----------------|----|---------------------------------------|
| Address: | | | |
| Street Address | City | SC | Zip Code |
| Telephone Number: | Email Address: | | · · · · · · · · · · · · · · · · · · · |
| I have been a member of SCAEOP for years. | | | |
| I have been a member of SCAEOP-R for years. | | | |
| The nominee is a child of my son or daug | phter | | |
| The nominee is a child of my grandson or | granddaughter | | |

SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS-RETIRED (SCAEOP-R)

Dot Aiken Scholarship for SCAEOP-Retired Grandchildren/Great Grandchildren

PACKET CHECKLIST

This sheet should serve as the cover to your entire application packet. Please make certain that all materials are included and, in the order, found on this sheet. The original application and <u>ALL</u> materials must be sent to the Scholarship Committee Chairman, postmarked by <u>January 15, 2025.</u>
Finally, initial that each item is present. <u>Incomplete applications will not be considered.</u> **Only ONE (1) transcript is needed.**

| | | Applicant's Initials |
|----|--|----------------------|
| 1. | SCAEOP-RETIRED DOT AIKEN SCHOLARSHIP APPLICATION FORM | |
| 2. | High school or college transcript | |
| 3. | One-page essay, "Why I am Choosing to Further My Education" | |
| 4. | One letter from principal, counselor, administrator, teacher/professor, or coach | |
| 5. | One letter from an employer or member of the community, and NOT a family member OR member of SCAEOP or SCAEOP-Retired. | |
| 6. | One-page statement from grandparent or great grandparent | |
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| | Date Student's Signature | |