

**South Carolina Association of Educational Office Professionals**

**Member Dependent Scholarship**

**Guidelines for Application**

1. Applicants must complete a *SCAEOP Scholarship Application* form; write a one-page essay on “How your education has contributed to who you are today”. Secure three letters of recommendation from (1) a counselor, or other school administrator; (2) a 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 November 1**.
3. All applicants will be notified immediately after the judges’ decision is final.
4. A certificate of scholarship will be presented to the winner at the awards luncheon during the SCAEOP conference in February. Lodging (one room) and awards luncheon will be provided for recipient and two guests.
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. Applicant must be a graduating high school senior and child or grandchild of an “active, retired, or life” member of SCAEOP.
2. Applicant must have maintained a “C” average or better in high school.
3. Applicant must plan to enter an accredited institution of higher learning in the fall term following the granting of the scholarship.
4. Applicant 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**

***Member Dependent Scholarship-\$1,500 Award***

This scholarship program is open to dependent children of SCAEOP members (active, retired, life) who are graduating high school seniors. If possible, please type 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: (\_\_\_\_) \_\_\_\_\_ SCAEOP Member \_\_\_\_\_

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.

Accepted

Name of Institution	Address	Yes	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) Member Dependent 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 November 1, 2021.**

#### **MAIL COMPLETED APPLICATION FORM TO:**

SCAEOP Student Scholarship Chairman  
4611 Hardscrabble Rd, Suite 109, PMB -3  
Columbia, SC 29229