

SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS, INC.

MEMBER SCHOLARSHIP GUIDELINES

The South Carolina Association of Educational Office Professionals (SCAEOP) Member Scholarship exists to assist SCAEOP members who are pursuing education for one or more of the following areas:

- Professional Standards Program (PSP) Certificate
- Certified Educational Office Employee (CEOE) distinction
- Professional Standards Program (PSP) Recertification
- College degree

A. SCHOLARSHIP INFORMATION

1. Applicant must be a current member of SCAEOP.
2. Applicant must either hold or be planning to apply for a PSP Certificate.
3. Maximum scholarship award is not to exceed \$500.
4. Funds are for educational expenses (Colleges and Universities, Adult Education, Continuing Education Units, In-service Courses, Institutes, and Online Courses).
5. Funds are distributed after proof of enrollment.
6. One scholarship is awarded per SCAEOP fiscal year.
7. Members are not eligible to apply for the scholarship in consecutive years.

B. APPLICATION PACKET

Application is considered complete when all of the following items are received:

1. Completed appropriate SCAEOP Member Scholarship Form (Failure to use correct form or submitting incomplete form will result in disqualification).
2. Letter of recommendation from your immediate supervisor or a senior contact in your HR department.
3. Copy of enrollment form showing: applicant's full name, amount of tuition/fee, and description of course/membership.
4. Submit certification for completed course, if applicable.
5. Submit copy of NAEOP Professional Standards Program certificate, if applicable.
6. Application must be postmarked no later than **December 1**.

C. SELECTION CRITERIA

Award recipient is determined by SCAEOP Scholarship Committee. The committee consists of the SCAEOP PSP Committee Chairman and two SCAEOP members appointed by the PSP Chairman.

RATING SYSTEM (Based on 100 points)

1. Maximum 30 points awarded for active participation and leadership positions in local educational office professionals association, SCAEOP and NAEOP.
2. Maximum 30 points awarded for statement of financial need.
3. Maximum 30 points awarded for statement of professional growth.
4. Maximum 10 points awarded for letter of recommendation.

**MAIL COMPLETE APPLICATION PACKET POSTMARKED NO LATER THAN DECEMBER 1
TO:**

Nona Montoya
scaeoparea5director@gmail.com

South Carolina Association of Educational Office Professionals, Inc.
MEMBER SCHOLARSHIP APPLICATION FORM

Name of Applicant: _____

Mailing Address: _____

Phone Number(s): _____ Street _____ City/State/Zip Code _____
Email Address: _____

Name of Employer: _____

Do you hold a PSP certificate? _____ Yes _____ No

If Yes, what certificate Option and Level do you currently hold? _____

If No, date you expect to enroll in the PSP. _____

ASSOCIATION PARTICIPATION (List past five years of service for each association position held as Elected Officer/Committee Chairman/Appointments/ Committee Assignments.)

Name of Local Association of Education Office Professionals: _____

	Position Held	Year(s)	Position Held	Year(s)
LOCAL	_____	_____	_____	_____
	_____	_____	_____	_____
SCAEOP	_____	_____	_____	_____
	_____	_____	_____	_____
NAEOP	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

EDUCATIONAL INFORMATION

Name of educational facility/professional association for which you are seeking scholarship support: _____

Title(s) and brief description of course(s) applicant is enrolled/plans to enroll: _____

Date of course applicant is enrolled/plans to enroll: _____

Projected date of completion of course: _____

**South Carolina Association of Educational Office Professionals, Inc.
MEMBER SCHOLARSHIP APPLICATION FORM**

APPLICANT PERSONAL STATEMENTS (Attach additional page if needed)

PROFESSIONAL GROWTH – Briefly describe the growth you have experienced in your professional life, including a commitment to pursuing training and conference opportunities.

FINANCIAL NEED – Briefly describe how you would benefit from receiving financial assistance.

APPLICANT SIGNATURE

I hereby verify my above statements are honest, and affirm any funds received from the South Carolina Association of Educational Office Professionals will be used solely for expenses related to professional growth at the educational institution shown below.

Educational Institution: _____

Signature of Applicant

Date

MAIL COMPLETED APPLICATION PACKET

TO: Nona Montoya
scaeoparea5director@gmail.com