

**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
GUIDELINES must be followed**

**APPLICATION FOR 2019 SCHOLARSHIP
MUST BE POSTMARKED BY January 16, 2019**

Submit completed packet to:

**Pauline A. Alford, CEOE, Chairman
212 SW Fieldsedge Drive
Moore, SC 29369
Home: 864-595-0640 - Cell: 864-316-4841**

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

***Dot Aiken Scholarship for SCAEOP-Retired Grandchildren/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. A student must be continuously enrolled in an accredited institution of higher learning.
- Maintain a **2.5 GPA** (grade point average) **OR** **'C' letter grade**, dependent upon the institute's academic grading system.

THE CANDIDATE MUST SUBMIT THE FOLLOWING:

- The SCAEOP-RETIRED Dot Aiken Scholarship Application.
- A **transcript (1)** that is an **official document** provided by the graduating student's high school, submitted in a sealed envelope marked **"Official"**; **OR**
- A **transcript (1)** that is an **official document** provided by the accredited institution of higher learning and must be continuously enrolled in a post-high school program. The post-secondary transcript should include all course work completed as of the last grading period and must be submitted in a sealed envelope marked **"Official"**.
- **No Family financial data is required.**
- A one-page essay on "Why I Am Choosing to Further My Education."
- Three (3) **current** letters of recommendation as outlined below:
 - Two (2) from a principal, counselor, administrator, teacher/professor or coach that describes the student's activities and leadership record in high school/college/university, personal traits, character, initiative, home background, etc. The two letters must not be submitted from the same source, i.e., if a letter is submitted from a teacher/professor, the second letter must be from a principal, counselor, administrator or coach.
 - One (1) from an employer or member of the community and **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.
- This scholarship is a one-time only award. **Previous winners may not apply.**

Should you be selected as the scholarship recipient, one (1) photograph that is no smaller than 2½" x 3" and no larger than 3½" x 5" will be required for inclusion in SCAEOP and SCAEOP-RETIRED publications.

See the Scholarship Checklist form to ensure the required materials are sent with your 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 APPLICATION FOR SCAEOP-RETIRED GRANCHILDREN/GREAT GRANDCHILDREN

All information must be typed (keyboarded). (SEE www.scaeop.org tab Retired Dot Aiken Scholarship) The candidate is to complete the application, secure the required attachments (as listed in the Guidelines), and send the original along with ONE (1) COPY of ALL materials to the SCAEOP-R Dot Aiken Scholarship Committee Chairman, postmarked by January 16, 2019. Only ONE Transcript needed.

Application for Academic Year: 20__ - 20__ Date of Application: _____

Full name (Mr./Miss/Mrs./Ms.): _____
Last First Middle

Permanent Address: _____
Street Address

Date of Birth: _____ / _____ / _____ City State Zip Code
Month Day Year Phone Number Email Address

Name and address of high school, college, or university you now attend:

If not employed, list your summer activities. _____

College/University you plan to attend/are attending: _____

Address of College or University: _____
Street Address

City State Zip Code

Career Objective(s): _____

Number of dependent brothers and sisters: _____

Any other brothers/sisters attending a college/university? _____ If yes, name and location.

Other dependents? _____ If yes, explain relationship.

What activities in high school, college, university, and/or your community have been meaningful to you?
(Include the year(s) you participated.)

What honors, achievements or recognition have you received during your high school, college, or university attendance?

List hobbies or special interests you have.

SCAEP-RETIRED DOT AIKEN SCHOLARSHIP APPLICATION (Continued)

Name of Applicant: _____

STUDENT ESSAY

“Why I Am Choosing to Further My Education”

(Signature of Applicant)

(Date)

SCAEOP-RETIRED DOT AIKEN SCHOLARSHIP APPLICATION (Continued)

Name of Applicant: _____

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	State	Zip Code
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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 _____ or _____.

Son Daughter

The nominee is a child of my _____ or _____
Grandson 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 **AND** ONE (1) COPY of **ALL** materials must be sent to the Scholarship Committee Chairman, postmarked by January 16, 2019. Finally, initial that each item is present. Incomplete applications will not be considered. **Only ONE transcript is needed.**

- | | Applicant initials |
|---|--------------------|
| 1. SCAEOP-RETIRED DOT AIKEN Scholarship Application form (2) | _____ |
| 2. <u>Official</u> high school or college transcript (1) | _____ |
| 3. One-page essay, "Why I Am Choosing to Further My Education" (2) | _____ |
| 4. Two letters from a principal, counselor, administrator, teacher/professor, or coach (2 copies of each letter) | _____ |
| 5. One letter from an employer or member of the community and not a member of the family or a member of SCAEOP or SCAEOP-RETIRED. (2) | _____ |
| 6. One-page statement from grandparent or great-grandparent (2) | _____ |

(Date)

(Student Signature)

SOUTH CAROLINA ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS-RETIRED

(SCAEOP-R)

**DOT AIKEN SCHOLARSHIP
For SCAEOP Retired for Grandchildren/Great Grandchildren**

JUDGES RATING SHEET

Rating Sheet for: _____
(Name of Applicant)

- A. **SCHOLASTIC RECORD** (maximum 30 points)
Official High School Transcript **OR**
Official Post-Secondary Transcript (last grading period) _____
Grade Point Average and/or Cumulative Score _____
SCHOLASTIC RECORD TOTAL _____
- B. **ONE-PAGE ESSAY** (maximum 30 points)
"Why I Am Choosing to Further My Education" _____
ONE PAGE ESSAY TOTAL _____
- C. **SCHOOL/COMMUNITY WORK/ACTIVITIES** (maximum 20 points)
Extracurricular Activities _____
Academic Awards/Honors _____
Community (non-school activities) _____
Part-time Employment _____
SCHOOL/COMMUNITY WORK/ACTIVITIES TOTAL _____
- D. **RECOMMENDATIONS** (maximum 20 points)
Two (2) letters from principal, counselor, administrator,
teacher/professor or coach _____
One (1) letter from an employer or member of the community _____
One (1) Statement by Grandparent/Great Grandparent _____
RECOMMENDATIONS TOTAL _____
- GRAND TOTAL POINTS (maximum 100 points)** _____

Signature of Judge

Date