



**VERMONT ASSOCIATION OF EDUCATIONAL
OFFICE PROFESSIONALS**

STUDENT SCHOLARSHIP

In Memory of Marion T. Wood

**Please read carefully
and follow the GUIDELINES**

Please fill out and sign and return to:

*Pat Cahill
Windsor Southwest Supervisory Union
89 VT Rte 103 South
Chester, VT 05143*

APPLICANT ELIGIBILITY CRITERIA

1. Applicant must intend to continue his/her education in an educational office-related business program.
2. Applicant may be a graduating high school student who has made application to continue his/her education OR the applicant may currently be pursuing such a course of study in an institution of higher education.
3. The applicant must have completed two or more business education courses (four semesters) from among the following: computer classes, software applications, marketing, business communication, accounting, office practices and procedures, bookkeeping, business law (courses may have been taken in high school, college, or a combination).
4. The applicant shall be enrolled/expect to enroll as a full-time student in an institution of higher education (two- or four-year college, university, business college/school, or vocational/technical school).
5. Applicant shall be responsible for the completion and return of all required support materials to the VAEOP Association (see application section).

Note: The applicant must maintain a 2.8 (of a possible 4.0) GPA for the one-year period of the scholarship.

APPLICATION PROCESS

An application will be considered complete when the following items have been received by VAEOP:

□ **Form 2 ~ Applicant Information**

Application for scholarship on the appropriate (*failure to use correct form will result in disqualification*)

□ **Form 3 ~ Biographical/Financial Information**

Biographical/Financial Information completed (*ALL items must be completed. Failure to complete the form in its entirety will result in disqualification*).

□ **Form 4 ~ Essay “Why I am Choosing an Office-related Career or Vocation”**

One-page essay on “*Why I am Choosing an Office-Related Career or Vocation*”

□ **Transcripts**

1. Transcript shall be an **official document** provided in a sealed envelope and **marked as such**.
2. Post-secondary transcript(s) for all course work completed as of the last grading period. Transcript(s) shall be an **official document** provided in a sealed envelope and **marked as such**.

□ **Three (3) Letters of Recommendation**

Three letters of recommendation from non-family or non-VAEOP members. Letters may be from school officials, teachers, former or present employers, or others who should describe the student’s activities and leadership record, character, personality, initiative, home background, and/or other factors supporting his/her candidacy. Letterhead stationery is appropriate. All material shall be keyboard generated (no handwritten applications accepted).

Neatness and accuracy will be considered. Regular paper (8½" x 11") is required for all additional attachments.

Submit original application.

Failure to submit all requested information, to follow all guidelines, and to send support materials will result in disqualification. *No exceptions will be made.*

****DEADLINE: APRIL 1****

SELECTION CRITERIA/PROCEDURE

1. Award is based on the following criteria for selection:
 - **10%** = Recommendations (Form 1 and attached letters)
 - **10%** = Activities/School/Extracurricular (Form 2)
 - **30%** = Biographical/Financial Need (Form 3)
 - **10%** = One-Page Essay (Form 4)
 - **40%** = Scholastic Record (official transcript)

2. Awards will be determined by a panel of judges.

AWARD DISBURSEMENT

1. Upon notice that the recipient has enrolled in a specific educational institution and the completed Scholarship Acceptance Form has been received, VAEOP shall forward a check in the amount of \$500 to the student recipient for “tuition and other educational expenses” no later than September 15.

2. Upon completion of the first semester with a minimum 2.8 GPA, an official transcript from the educational institution along with the completed second Scholarship Acceptance Form verifying enrollment for the second semester is to be forwarded to the VAEOP address from the scholarship recipient. Upon receipt of the required documentation, VAEOP will forward a second check in the amount of \$500 to the student recipient for “tuition and other educational expenses.”

FORM 2 ~ APPLICANT INFORMATION

VAEOP STUDENT SCHOLARSHIP

1. Name of Applicant _____

First Middle Last

2. Home Address _____

Street City State ZIP

3. Telephone _____ Social Security Number: _____

4. Date of Birth/Birthplace _____ Female ___ Male ___

Month/Day/Year City/State

5. Name and address of high school or college now attending:

(Attach a **high school transcript/class rank**, **GED**, or **college transcript** provided in a sealed envelope from last grading period).

6. Graduation date from high school/college _____

7. If a high school senior, list in order of preference three colleges, universities, or business schools to which you have formally applied for admission.

Name of Educational Institution	Address of Institution	Applied; waiting to hear	Accepted; Yes or No

Form 2~ APPLICANT INFORMATION (continued)

If more space is needed for items 8 through 11, attach another sheet(s).

8. List school extracurricular activities including athletics, clubs, music, etc., and offices held and years of participation.

9. Academic awards or honors: (briefly describe these awards/honors)

10. List your community activities (non-school) including all offices held:

11. Have you worked part-time during your school career? If so, list and indicate if this work was related to your career goal or a financial need.

Where Employed	Primary Responsibility	Dates	Career Goal?	Financial Need?

FORM 3 ~ BIOGRAPHICAL/FINANCIAL INFORMATION

VAEOP STUDENT SCHOLARSHIP

1. Applicant's Name _____

2. Father's Name _____ Mother's Name _____

3. Father's Address _____

4. Mother's Address _____

5. Father's Occupation _____ Mother's Occupation _____

6. Number of parents' dependents (not including you) and their ages:

7. Are any dependents attending college? _____ How many? _____

8. What is your chosen major? _____

9. What is your career objective?

10. Will you have any other assistance (parents, social security benefits, etc.)?

12. How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? _____

13. Please state the household annual income: _____

14. List any other family income: _____

15. List any other family/financial/personal adversity/circumstances which should be considered:

I certify that the above is true and correct

Signature: _____

Date: _____

FORM 4 ~ ESSAY

VAEOP STUDENT SCHOLARSHIP

“WHY I AM CHOOSING AN OFFICE-RELATED CAREER OR VOCATION”

Signature of Applicant _____

STUDENT APPLICATION CHECKLIST

It is important to:

- 1) read page 2 to check for the Student Eligibility Requirements
- 2) assemble your official forms/documents in checklist order.

CHECKLIST ORDER

- Form 2 – Applicant Information
- Form 3 – Biographical/Financial Information
- Form 4 - Essay
- Official transcript(s) provided in a sealed envelope
- Three (no more than 3) Letters of Recommendation

One (1) original application packet of the above in order (no folders, binders, 3-ring notebooks, etc.)

Please send in the whole packet by APRIL 1 to:

**Pat Cahill
VAEOP Student Scholarship Chairman
Windsor Southwest Supervisory Union
89 VT Rte 103 South
Chester, VT 05143
(802) 875-6678**