

TO: All Principals and Guidance Departments

SUBJECT: Sarasota County Association of Educational Office Professionals
(SCAEOP) Scholarship

Enclosing the Sarasota County Association of Educational Office Scholarship's guidelines and forms.

I am sure you have a worthy candidate in your school. With the rising cost of education, many deserving students need assistance to continue their education. You can assist us by having the SCAEOP Scholarship forms available for your students.

Please have the students follow the application guidelines. We are requesting you to review the application with the student when it is completed.

The SCAEOP Scholarship is \$500.00.

DEADLINE FOR THE SCHOLARSHIP ENTRIES: APRIL 17, 2020

For questions and information you may contact:
Helen R. Wells, CEOE
SCAEOP Scholarship Chairman

Scholarship applications are to be sent to:
Bill Ramos
SCAEOP President
160 Landings Blvd.
Sarasota, Florida 34231
941- 927- 9000 ext 31234

SARASOTA COUNTY ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

The candidates are to complete the application, secure the required attachments as listed and returned to Bill Ramos, SCAEOP President 160 Landings Blvd. Sarasota, Florida 34231 by **FRIDAY, APRIL 17, 2020.**

All information must be typed or printed clearly. The SCAEOP Scholarship is \$500.00.

ATTACHMENTS

1. Scholarship Application - Form 1 & 2
2. Biographic Information - Page 3
3. Personal Letter Form - Page 4
4. Essay Form - Page 5
5. Applicant's Checklist Form - Page 6

APPLICANT ELIGIBILITY CRITERIA

1. Applicant must be a United Citizen and Florida resident.
2. Applicant must be a graduating senior who has made application to continue his/her education in an institution of higher learning (two or four year college university or vocational/technical school.
3. A 2.50 minimum un-weighted grade-point average for all courses in grade 9-12 is preferred.
4. Submit an official transcript showing grade-point average and standing in class. Submit Personal Letter Form stating relevant information about self, hobbies, financial need and circumstances that would need help in the selection process.
5. Submit Essay Form "Why I am choosing to Further My Education" as well as goals and future plans.
6. Submit three (3) letters of recommendation: two (2) from current teachers and one (1) from an individual (non-relative) in the community. Teachers' letter of recommendation should describe applicant's activities and leadership record, personality character, initiative, community service, home background and any other factors supporting applicant's candidacy. **NO** letters from SCAEOP/FAEOP/NAEOP member or of member's family be accepted.
7. Award is based on the following criteria for selection:

Recommendations	10%
School Activities/Community Services	15%
Financial Need	25%
Essay and Personal Letter	10%
Scholastic Record (Official Transcript)	40%
8. Students who apply for this scholarship are required to follow the guidelines. If students do not follow instructions, application will be disqualified.

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11. Were you employed during the school year? If yes, list employer and occupation.

12. Were you employed during the past summer? Yes _____ No _____

Full-time _____ Part Time _____

13. List your activities for last summer (family, vacation, work, study, etc. _____

14. Name two (2) or three (3) hobbies or special interests you have _____

I hereby grant permission for my transcript and any other pertinent information from other Sources (such as employers, school official, etc.) to be released to the SCAEOP Committee Chairman.

Signature of Applicant

Date

**SARASOTA COUNTY ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS
(TYPE or PRINT CLEARLY)**

BIOGRAPHIC INFORMATION

1. Applicant's Name _____
2. Father's Name _____
3. Father's Address _____
4. Father's Telephone Number (_____) _____
5. Father's Occupation _____
6. Mother's Name _____
7. Mother's Address _____
8. Mother's Telephone Number (_____) _____
9. Mother's Occupation _____
10. Number of parent's dependent(s) not including you) and ages _____
11. Are any dependents attending college? ____ YES or ____ NO How many? _____
12. What is your chosen subject? _____
13. What is your career objective? _____
14. Will your parents assist you financially in continuing your education? ____ YES ____ NO ____
15. Will you have any other financial assistance (Social Security Benefits, etc)? _____
16. Please check the range of your family income:
____ Below \$40,000 ____ Between \$40,000 and \$60,000 ____ Above \$60,000
17. List any other family financial/personal adverse circumstances that should be considered:

I certify the above is true and correct.

Signature of Applicant

Date

SARASOTA COUNTY ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

PERSONAL LETTER FORM LETTER
(Type or Print Clearly - Limit to one (1) Page)

A personal letter giving relevant information about self, hobbies, financial need and special circumstances that would assist in the selection process.

Signature of Applicant

Date

SARASOTA COUNTY ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

ESSAY FORM

(Type or Print Clearly - Limit to (1) Page)

“WHY I AM CHOOSING TO FURTHER MY EDUCATION”

Signature of Applicant

Date

SARASOTA COUNTY ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

CHECKLIST

- _____ No folders, binders, etc.
- _____ Completed Application pages 1 & 2
- _____ Biographic Information Form page 3
- _____ Personal Letter Form page 4
- _____ Essay Form page 5
- _____ Official High School Transcript (1 copy)
- _____ Three (3) Letters of Recommendation
 - _____ Two (2) current Teacher recommendations
 - _____ One (1) non-relative community individual
- YES _____ I followed the Scholarship guidelines

APPLICANT'S SIGNATURE _____ DATE _____

Send application and all items on checklist to the Sarasota County Association of Educational Office Professionals as you were directed on the cover of the application packet.