

**New York State Association of
Educational Office Professionals**

Helen F. Nicloy, CEOE, Member Scholarship



Please read carefully and follow the Guidelines

Applications MUST be postmarked by July 15th and mailed to:

**Cathy Dudley, CEOE
NYSAEOP Scholarship Chairperson
315 Magnolia Ave.
East Rochester, NY 14445**



New York State Association of Educational Office Professionals

Helen F. Nicloy, CEOE, Member Scholarship Guidelines

The New York State Association of Educational Office Professionals Helen F. Nicloy, CEOE, Member Scholarship was established to assist members of the New York State Association of Educational Office Professionals who are furthering their education in a job related program or pursuing a Professional Standards Program (PSP) Certificate through continuing education.

INFORMATION

1. Scholarship(s) shall be awarded by NYSAEOP to recipient(s) determined by the Scholarship Committee. The Committee consists of the Helen F. Nicloy, CEOE, Member Scholarship Chairperson, and two members elected at the annual meeting.
2. The maximum value of the scholarship(s) monies is \$500.
3. More than one scholarship may be approved during a fiscal year provided funds are available.
4. No scholarship(s) will be awarded if the scholarship committee concludes that no applicant met the specified qualifications.
5. For winners, this scholarship is a one-time award. Members (non-winners) are eligible to apply for a scholarship as many times as they desire.
6. The approved monies are valid only for the academic year (fall, winter, spring, summer) following the submission of the application for which the award was received.

APPLICATION

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

1. Application for scholarship (must be on appropriate form provided by NYSAEOP). The application form must be completed. (Failure to use the correct form will result in disqualification.)
2. Transcript(s) of previous academic performance. (NOTE: If not available, a high school diploma, OR a GED certificate OR a notarized statement of completion of high school requirements from an appropriate official of the institution.)
3. A copy of the school catalog reflecting (a) tuition/fees; and (b) a description of courses for which applying for scholarship. (If pursuing a degree, include a copy of the course requirements/degree plan.)
4. Statement about career goals and financial need.

NOTE: Failure to submit all requested information and to follow all guidelines will result in disqualification. NO exceptions will be made.

CANDIDATE ELIGIBILITY CRITERIA

1. Applicant must be a current member of NYSAEOP and must have been a member for three (3) years immediately preceding the date of the scholarship application deadline.
2. Applicant must be enrolled in an institution of higher education (two or four year college, university, business college/school, or vocational/technical education).

SELECTION CRITERIA

A rating system of 100 points shall be used in determining the scholarship recipient(s).

1. Maximum of 30 points may be awarded for participation and leadership positions in local, state and national associations of education office professionals.
2. Maximum of 30 points may be awarded for statement of need.
3. Maximum of 20 points may be awarded for academic performance (attach transcript).
4. Maximum of 20 points may be awarded for participation and leadership positions in other professional job-related associations.

AWARDS DISBURSEMENT

Upon receipt of an official transcript showing a minimum 2.8 GPA or satisfactory completion of course during the term for which the scholarship award was made, the award will be mailed to the recipient, providing their NYSAEOP membership is current.

**Send completed application to:
Cathy Dudley, CEOE
NYSAEOP Scholarship Chairperson
315 Magnolia Ave.
East Rochester, NY 14445**

APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 15th

Members will not be eligible to submit, or be considered for, any recognition or awards if dues are not paid by June 30th of the current year.



**New York State Association of Educational Office Professionals
Helen F. Nicloy, CEOE, Member Scholarship Application**

(This form MUST be typed)

Name of Applicant: _____

Address: _____ City, State, Zip _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____

Educational institution attending/planning to attend: _____

Degree pursuing (if applicable): _____

Date of quarter/semester applicant is enrolled/plans to enroll: _____

Title(s) of course(s) for which scholarship is requested: _____

Attach a transcript of academic performance (may be a student copy). Also attach a copy of tuition/fees and page describing course(s) from school catalog. If pursuing a degree include a copy of the course requirements/degree plan.

NYSAEOP membership from _____ to present.

Are you currently working towards a PSP certificate(s)? _____

If so, which certificate(s)? _____

ASSOCIATION PARTICIPATION (elected office, committee chair, committees served):

	From	To
LOCAL:	_____	_____
	_____	_____
	_____	_____

	From	To
STATE:	_____	_____
	_____	_____
	_____	_____

	From	To
NATIONAL:	_____	_____
	_____	_____
	_____	_____

STATEMENT (Provide a brief statement about your career goals and financial need):

Signature of Applicant: _____ Date: _____

Name of Employer: _____

Employer Address: _____

Home Phone: _____ Work Phone: _____

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Helen F. Nicloy, CEOE, Member Scholarship

APPLICATION CHECKLIST

Have you included:

- _____ 1. Completed application forms

- _____ 2. Transcript(s) OR
 - a. High School Diploma OR
 - b. GED certificate OR
 - c. Statement of completion of high school requirements

- _____ 3. Copy of school catalog reflecting tuition and/or fees

- _____ 4. Copy of course description OR course requirements for a degree plan

- _____ 5. Statement of goals and financial need

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