

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

Isabel M. Paddock Student Scholarship



Applications MUST be postmarked by July 15 and mailed to:

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

Please read carefully and follow the Guidelines



NEW YORK STATE ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

STUDENT SCHOLARSHIP CRITERIA

1. The New York State Association of Educational Office Professionals Isabel M. Paddock Student Scholarship was established to assist students nominated by members who are pursuing an education in the business field.
2. Scholarships will be awarded by the Scholarship Committee consisting of the Committee Chair and members appointed at the NYSAEOP Annual Meeting.
3. The maximum value of the scholarship will be \$500.
4. The Committee on the following criteria will evaluate scholarship applicants:
 - a. A current Member of NYSAEOP must sponsor applicant.
 - b. A rating system of 100 points shall be used in determining the recipient.
 - Up to 40 points: Academic Performance (attach transcript)
 - Up to 30 points: Biographical Information and Statement of Need Applicants Essay/Letter of Career Interest
 - Up to 20 points: Recommendations by Counselor and/or Teacher
 - Up to 10 points: Community/Extra-Curricular Involvement
5. Upon notice that the recipient has enrolled and is attending a specific educational institution, money shall be forwarded to the student. A letter from the registrar will suffice.
6. Completed applications must be submitted to the:

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

APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 15

Sponsoring Member: Please be sure to include a \$20.00 filing fee with each application

7. In the event the scholarship committee determines that no applicant met the specified qualifications, no scholarship will be awarded.

Sponsoring individual must be current NYSAEOP member to be eligible to submit any application for recognition or awards.



**NEW YORK STATE ASSOCIATION
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SCHOLARSHIP GUIDELINES

Name _____ Home Telephone _____

Home Address _____

E-mail: _____

FUTURE PLANS

- An applicant for this scholarship must have applied for or been admitted to an accredited business school, two year college, or a four-year college with the intention of preparing for a career in business.

- List schools to which you have applied:

- Have you been accepted? [] Yes [] No

- If yes, list school, date of acceptance, and major:

School: _____

Date of Acceptance: _____

Signature: _____

ADDITIONAL REQUIREMENTS

In addition to completing this form, please submit the following:

- Official transcript of grades
- Biographical Information and Statement of Need
- A minimum of three (3) counselor and/or teacher recommendations
- Community and extra-curricular activities
- \$20 filing fee (make check payable to *NYSAEOP*)



**NEW YORK STATE ASSOCIATION
OF EDUCATIONAL OFFICE PROFESSIONALS**

**STUDENT SCHOLARSHIP
BIOGRAPHICAL INFORMATION AND STATEMENT OF NEED**

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 dependent siblings and their ages: _____
7. Number of dependent siblings/parents also attending college: _____
8. Will you have other assistance (social security benefits, etc.)? Yes No
9. Have you received any other scholarships and/or financial aid? If so, list below:

Source	Amount
_____	_____
_____	_____
_____	_____
10. How much additional assistance do you feel you will need to continue your education after graduating from high school or to continue in college? _____
11. What is your chosen major? _____
12. What are your career plans? _____

13. Please check the range of your family's annual income:

<input type="checkbox"/> Below \$15,000	<input type="checkbox"/> \$25,000 - \$29,999	<input type="checkbox"/> \$40,000 - \$44,999
<input type="checkbox"/> \$15,000 - \$19,999	<input type="checkbox"/> \$30,000 - \$34,999	<input type="checkbox"/> \$45,000 - \$49,999
<input type="checkbox"/> \$20,000 - \$24,999	<input type="checkbox"/> \$35,000 - \$39,999	<input type="checkbox"/> \$50,000 or above
14. I, the applicant, certify that the above is true and correct.

Signature of Applicant

Date



**NEW YORK STATE ASSOCIATION
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**STUDENT SCHOLARSHIP
RECOMMENDATION OF SPONSORING MEMBER**

Applicant's Name: _____ School District: _____

Home Address: _____ School Address: _____

Telephone #'s: _____ (h) _____ (s) _____

Do you personally know the applicant? ___ Yes ___ No If yes, for how long? _____

Reason for recommending this applicant? (Attach separate sheet of paper if necessary) _____

Name of sponsoring Member: _____

Member's Name & Address: _____

Telephone: _____ (Home) _____ (Office)

Sponsoring Member's E-mail: _____

Signature of sponsoring Member: _____

A FEE OF \$20.00 MUST ACCOMPANY EACH APPLICATION

At this time I do not intend to sponsor a candidate for the Student Scholarship.
However, I wish to make a contribution to the scholarship fund in the amount of: \$ _____

I wish to make a memorial contribution in the amount of: \$ _____

In memory of: _____

Please send acknowledgment to: _____

PLEASE MAKE ALL CHECKS PAYABLE TO: NYSAEOP STUDENT SCHOLARSHIP

Mail to:

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