

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

**Isabel M. Paddock Student Scholarship**



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

**Brenda Brickle, CEOE  
NYSAEOP Scholarship Chairperson  
Midlakes Elementary School  
1500 State Route 488  
Clifton Springs, NY 14432**

**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:

**Brenda Brickle, CEOE**  
**NYSAEOP Scholarship Chairperson**  
**Midlakes Elementary School**  
**1500 State Route 488**  
**Clifton Springs, NY 14432**

**APPLICATIONS MUST BE POSTMARKED NO LATER THAN JULY 15th**

**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:

- |                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Official transcript of grades                                   |
| <input type="checkbox"/> | Biographical Information and Statement of Need                  |
| <input type="checkbox"/> | A minimum of three (3) counselor and/or teacher recommendations |
| <input type="checkbox"/> | Community and extra-curricular activities                       |
| <input type="checkbox"/> | \$20 filing fee (make check payable to <i>NYSAEOP</i> )         |



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

**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**

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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: **Brenda Brickle, CEOE**  
**NYSAEOP Scholarship Chairperson**  
**Midlakes Elementary School**  
**1500 State Route 488**  
**Clifton Springs, NY 14432**