

NAEOP
Southeast Area
Member Dependent Scholarship



Please read carefully and follow the GUIDELINES
MUST be received by May 1, 2024 and remitted to:

Marybeth Gawrys, CEO
Southeast Area Director
southeast@naeopboard.org

NAEOP Southeast Area
Educational Office Professionals
Member Dependent Scholarship

GUIDELINES

This scholarship's value and number of awards will be determined each year based on the financial standing of the organization. *The value of the 2024 Scholarship is \$500.*

This is an undergraduate program scholarship available **for children or grandchildren of active, life, or retired members of the National Association of Educational Office Professionals residing or working in the Southeast Area.**

The student must enroll in an accredited college or university. (Minimum of twelve semester hours).

Application forms for the scholarship are available on the Southeast Area Website, from the Southeast Area Director, and Southeast Area affiliate organizations. Form must be received no later than **May 1, 2024.**

To qualify, applicant must:

1. Have a high school diploma or equivalent, or be enrolled in an accredited College or University pursuing an undergraduate degree.
2. Complete the required application and provide:
 - a. Biographical information **including essay on how technology has impacted student learning**
 - b. Official transcript (high school graduating senior or equivalent, or transcript of work completed at a college or university)
 - c. Three (3) letters of recommendation

The Southeast Area Scholarship Committee comprised of the Southeast Area members, who will find judges to select the scholarship winner(s). Applicants will be notified of the judge's decision by June 15, 2024.

The scholarship stipend will be mailed directly to the recipient following written notification from the college of the student's enrollment. This notification should be mailed to the Southeast Area Director.

REMIT COMPLETED APPLICATION AND ESSAY TO:

**Marybeth Gawrys, CEOE
NAEOP Southeast Area Director
southeast@naeopboard.org**

NAEOP Southeast Area
Educational Office Professionals
Member Dependent Scholarship
Application Form

NAEOP SOUTHEAST AREA MEMBER INFORMATION

Name _____

NAEOP Membership Number _____ Expiration Date _____

Address _____
Street/PO Box City State Zip

Phone: Office _____ Cell _____ Email _____

CANDIDATE INFORMATION

1. Full Name _____ Email _____

2. Address _____

3. *List of Community (non-school) activities, including any offices held: _____

4. *List school extracurricular activities, including athletics, music, etc, and any office held: _____

5. *Academic Awards and/or Honors: _____

6. Legal Guardian's Name: _____

7. Guardian's Address: _____

8. Home Phone _____ Cell _____ Email _____

I certify the above information to be true and correct

Signature of Applicant _____ Date _____

APPLICATION RECEIVED BY SOUTHEAST AREA DIRECTOR _____
Date or Stamp

**Extra sheets may be attached, if necessary.*

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ESSAY: Can you tell us about a time you failed? What did you learn from that experience?