

National Association of Educational Office Professionals



National Association of
Educational Office Professionals

MARION T. WOOD STUDENT SCHOLARSHIP

**Please read carefully
and follow the GUIDELINES**

MUST be postmarked by March 15 and mailed to:

National Association of Educational Office Professionals
1841 S. Eisenhower Ct.
Wichita KS 67209

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**MARION T. WOOD STUDENT SCHOLARSHIP
GUIDELINES FOR AFFILIATES**

This scholarship is designed to assist **business education** students who wish to continue their education and pursue office-related careers, preferably in the educational field.

*****This scholarship is a one time award for the winner. Only applicants who have not received this award may apply.***** The scholarship is valued at \$1,000. More than one scholarship may be awarded.

AFFILIATE REQUIREMENTS/INFORMATION

1. *Applicant must be sponsored by an affiliate of NAEOP* which qualifies as a contributing member to the Marion T. Wood Student Scholarship Fund during the current year (August 1 – July 31). Affiliates must have contributed a minimum of twenty dollars (\$20) OR contributions may accompany the application.
2. This scholarship is for **tuition and other educational expenses**.
3. An affiliated association may sponsor only one candidate and is responsible for distributing application packets and collecting the completed applications.
4. An affiliated association must submit candidate application and supporting documents to the NAEOP office postmarked no later than MARCH 15.

APPLICANT ELIGIBILITY CRITERIA

1. Applicant must intend to continue his/her education in an educational office-related business program.
2. Applicant may be a graduating high school student who has made application to continue his/her education OR the applicant may currently be pursuing such a course of study in an institution of higher education.
3. The applicant must have completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding/typing, marketing, business communication, accounting, office practices and procedures, bookkeeping, desk top publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)
4. The applicant shall be enrolled/expect to enroll as a full-time student in an institution of higher education (two- or four-year college, university, business college/school or vocational/technical school).
5. Applicant shall be responsible for the completion and return of all required support materials to the sponsoring affiliate association (see application section).

Note: The applicant must maintain a 2.8 (of a possible 4.0) GPA for the one-year period of the scholarship.

APPLICATION

An application will be considered complete when the following items have been received by NAEOP: Forms 2, 3, and 4 must be keyboard generated.

1. Application for scholarship on the appropriate Form 2 provided by NAEOP and marked Marion T. Wood Student Scholarship. (**Failure to use correct form will result in disqualification.**)

2. Biographical Information Form 3 completed. (ALL items must be completed. Failure to complete the form in its entirety will result in disqualification.)
3. Transcript shall be an **official document** provided in a sealed envelope, and marked as such.
4. Post-secondary transcript(s) for all course work completed as of the last grading period. Transcript(s) shall be an **official document** provided in a sealed envelope, and **marked as such**.
5. One-page essay on “Why I am Choosing an Office-Related Career or Vocation” on Form 4.
6. Three letters of recommendation from non-family or non-NAEOP members. Letters may be from school officials, teachers, former or present employers, or others who should describe the student’s activities and leadership record, character, personality, initiative, home background, and/or other factors supporting his/her candidacy. Letterhead stationery is appropriate. All material shall be keyboard generated (no handwritten applications accepted).
7. Affiliate recommendations form—Form 1 “Recommendation of Sponsoring Affiliated Association” (responsibility of affiliate) must be keyboard generated (no handwritten applications accepted).

****NOTE:** Only application forms provided by NAEOP and marked Marion T. Wood Student Scholarship may be used. Local application forms will not be considered. Application forms and support materials become the property of NAEOP and will not be returned to the affiliate association or applicant. Neatness and accuracy will be considered. Regular paper (8 1/2" x 11") is required for all additional attachments.

Submit original application and three (3) copies of the application forms and attachments.

Failure to submit all requested information, to follow all guidelines, and to send requested copies of application and support materials will result in disqualification. ***No exceptions will be made.***

SELECTION CRITERIA/PROCEDURE

1. Award is based on the following criteria for selection:

Recommendations (Form 1 and attached letters).....	10%
Activities/School/Extracurricular (Form 2).....	20%
Financial Need (Form 3).....	20%
One-Page Essay (Form 4).....	30%
Scholastic Record (official transcript)	20%
2. Awards will be determined by a panel of judges.
3. Sponsoring affiliate associations will receive notification of recipients and will be responsible for notifying their applicants.

AWARD DISBURSEMENT

1. Upon notice that the recipient has enrolled in a specific educational institution and the completed Scholarship Acceptance Form has been received, NAEOP shall forward a check in the amount of \$500 to the student recipient for “tuition and other educational expenses” no later than September 15.
2. Upon completion of the first semester with a minimum 2.8 GPA, an official transcript from the educational institution along with the completed second Scholarship Acceptance Form verifying enrollment for the second semester is to be forwarded to the NAEOP office from the scholarship recipient. Upon receipt of the required documentation, NAEOP will forward a second check in the amount of \$500 to the student recipient for “tuition and other educational expenses.”

3. The scholarship recipient is responsible for sending a copy of an official transcript provided in a sealed envelope, to document satisfactory completion of the second semester to the Marion T. Wood Student Scholarship Chairman, NAEOP, 1841 S. Eisenhower Ct., Wichita KS 67209.
4. The approved monies will be valid only for the academic year following the awarding of the scholarship (fall, winter, spring, and summer quarter/semester).
5. It is the responsibility of the recipient to submit to the NAEOP National Office the information required for reimbursement. (See 1 and 2 of this section.)

If conditions of the Marion T. Wood Student Scholarship are not met, it is understood that NAEOP reserves the right to withdraw the scholarship award.

Submit original application and three (3) copies of completed application forms and attachments to:

Marion T. Wood Student Scholarship Chairman
National Association of Educational Office Professionals
1841 S. Eisenhower Ct.
Wichita KS 67209

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

National Association of Educational Office Professionals
MARION T. WOOD STUDENT SCHOLARSHIP

SPONSORING AFFILIATE CHECK SHEET

APPLICANT ELIGIBILITY

- _____ Applicant is pursuing further education in an educational office-related business program.
- _____ Applicant is a graduating high school senior or currently full-time in higher education.
- _____ Applicant has completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding/typing, marketing, business communication, accounting, office practices and procedures, bookkeeping, desk top publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)
- _____ Applicant is currently enrolled or will be a full-time student in higher education.
- _____ Applicant is enclosing with this scholarship application all the required support materials (one original with original signatures; three copies of application forms and support materials).

SCHOLARSHIP APPLICATION

- _____ Applicant and affiliate have used OFFICIAL FORMS from application packet. (NOTE: **Applicant is disqualified if official forms are not used.**)
- _____ **Official** high school transcript in a sealed envelope is enclosed (**with GPA**).
- _____ If applicable, official post-secondary transcript is enclosed for all courses completed as of last grading period.
- _____ All items have been completed on Biographical Information form (Form 3).
- _____ One-page essay is enclosed, "Why I am Choosing an Office-Related Career or Vocation" (Form 4).
- _____ Three keyboard generated letters of recommendation are enclosed from non-family or non-NAEOP members.
- _____ Recommendation of Sponsoring Affiliated Association is enclosed (Form 1).
- _____ ORIGINAL APPLICATION WITH ORIGINAL SIGNATURES is enclosed (Form 2), plus three (3) copies of application and all forms and supporting materials.

SPONSORING AFFILIATE

- _____ Sponsoring NAEOP affiliate (required).
- _____ \$20 check is enclosed (unless \$20 has already been contributed during the year).
- _____ Recommendation of Sponsoring Affiliated Association form (Form 1) is enclosed (*original and 3 copies attached to scholarship application*).
- _____ All materials submitted by affiliate and student are on 8 1/2 " x 11" paper.
- _____ **COMPLETED APPLICATION POSTMARKED NO LATER THAN MARCH 15.**

National Association of Educational Office Professionals
MARION T. WOOD STUDENT SCHOLARSHIP

RECOMMENDATION OF SPONSORING AFFILIATED ASSOCIATION

- 1. Applicant's Name _____
- 2. Applicant's Address _____
 _____ Telephone (____) _____
 City State ZIP

3. Attached is complete application including all required forms and attachments. We have confirmed there are one (1) signed original and three (3) copies.

Attested To By: _____
 Signature Date
 Position Held in Association: _____

- 4. Name of Sponsoring Affiliated Association _____
- 5. Name of Association President _____
- 6. Address of Association President _____

- 7. Telephone of Association President: Home (____) _____ Office (____) _____
- 8. _____
 Signature of Association President Date

STATEMENT OF CONTRIBUTION
 Make all checks payable to the Marion T. Wood Student Scholarship

- 1. We are sponsoring a student. Our contribution of at least \$20 is included. \$ _____
- 2. We have contributed at least \$20 to the Marion T. Wood Student Scholarship on _____ \$ _____
- 3. At this time, we do not intend to sponsor a student for the Marion T. Wood Student Scholarship, but enclosed is a contribution in the amount of _____ \$ _____
- 4. I/We wish to contribute to the Marion T. Wood Student Scholarship Fund in memory of _____ \$ _____
 Please notify the person listed below of the memorial made by (association/individual)
 Name _____
 Address _____

MAIL ORIGINAL AND THREE (3) COPIES OF COMPLETED APPLICATION PACKET TO:

MARION T. WOOD STUDENT SCHOLARSHIP CHAIRMAN
 1841 S. Eisenhower Ct.
 Wichita KS 67209

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

National Association of Educational Office Professionals
MARION T. WOOD STUDENT SCHOLARSHIP

Application

1. Name of Applicant _____
First Middle Last

2. Home Address _____
Street City State Zip

3. Home Phone (____) _____ Cell Phone (____) _____

4. Email: _____

5. Name of Parent or Legal Guardian _____

6. Address (if different from applicant) _____

7. Name and address of high school or college now attending _____

(Attach a high school transcript/class rank, GED or college transcript provided in a sealed envelope from last grading period.)

8. Graduation date from high school _____

9. If a high school senior, list in order of preference three colleges, universities, or business schools to which you have formally applied for admission.

<i>Name of Educational Institution</i>	<i>Address</i>	<i>Accepted</i>		<i>Applied & waiting to hear</i>
		<i>Yes</i>	<i>No</i>	
_____	_____	___	___	<input type="checkbox"/>
_____	_____	___	___	<input type="checkbox"/>
_____	_____	___	___	<input type="checkbox"/>

10. What is your chosen major? _____

11. What is your career objective? _____

I certify that the information on this Application and Biographical Information is true and correct.

Signature

Date

National Association of Educational Office Professionals
MARION T. WOOD STUDENT SCHOLARSHIP

Biographical Information

- 1. Applicant's Name _____
- 2. Will your parents assist you financially in continuing your education? _____
- 3. Have you applied/received any other scholarships? If so, list below and include value of scholarship received:

- 4. How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? _____

5. List school extracurricular activities including athletics, music, student organizations, etc. and offices held and year of participation:

_____	_____
_____	_____
_____	_____

6. Academic awards, honors or other recognitions: *(briefly describe these awards/honors)*

_____	_____
_____	_____
_____	_____

7. List your community activities (non-school) including all offices held:

_____	_____
_____	_____
_____	_____

8. List business courses taken and year completed:

<i>Business Course</i>	<i>Description</i>	<i>Year Completed</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List any employment/volunteer/work:

<i>Where Employed</i>	<i>Primary Responsibility</i>	<i>Dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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ESSAY

(Please keyboard generate. Essay should be 500 words or less.)

"WHY I AM CHOOSING AN OFFICE-RELATED CAREER OR VOCATION"

Date _____

Signature of Applicant

National Association of Educational Office Professionals
MARION T. WOOD STUDENT SCHOLARSHIP

STUDENT GUIDELINES FOR APPLICANT ELIGIBILITY

Student Applicant: Please use the criteria listed below to determine if you qualify for the Marion T. Wood Student Scholarship Award. Upon checking all the items and you do qualify, complete the attached Forms 2, 3, and 4, include an official transcript(s) provided in a sealed envelope, complete with grades listed, and three (3) letters of recommendation.

You will need to give the entire completed packet as listed below to the designated person of the sponsoring local or state National Association of Educational Office Professionals affiliated association by date listed on the Student Application Checklist.

APPLICANT ELIGIBILITY CRITERIA

_____ Applicant is pursuing further education in an educational office-related business program.

_____ Applicant is a graduating high school senior or currently full-time in higher education.

_____ Applicant has completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding/typing, marketing, business communication, accounting, office practices and procedures, bookkeeping, desk top publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)

_____ Applicant is currently enrolled or will be a full-time student in higher education.

_____ Applicant is enclosing with this scholarship application all the required support materials (one original with original signatures; three copies of application forms and support materials). All are to be in proper order, no folders or binders are to be used.

Affiliation contact person: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (_____)_____

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STUDENT APPLICATION CHECKLIST

It is important to: 1) read page 1 to check for the Student Eligibility Requirements; 2) assemble your official forms/documents in checklist order.

CHECKLIST ORDER

_____ Form 2 - Application

_____ Form 3 - Biographical Information

_____ Form 4 - Essay

_____ Official transcript provided in a sealed envelope (only one (1) original is necessary, copies will be made for the three copy packets)

_____ Three (no more than 3) Letters of Recommendation

_____ One (1) original application packet of the above in order (no folders, binders, 3-ring notebooks, etc.)

_____ Three (3) copies in order (no folders, binders, 3-ring notebooks, etc.)

Send completed application to your sponsoring affiliate no later than February 15.

Affiliation contact person: _____

Address: _____

City: _____ State _____ Zip _____