TO ALL 2023-24 NWMAEOP MEMBER SCHOOL DISTRICTS

REGARDING: NWMAEOP SCHOLARSHIP

DUE: Postmarked by APRIL 8, 2024

The NWMAEOP Scholarship Committee is enclosing the necessary forms for the student scholarship for the 2023-24 school year. This year the organization is offering two $150.00 scholarships to students who is currently or is planning to continue his/her education in an office-related business program. This student may be a graduating senior in high school or may be currently attending a post-secondary institution. All guidelines and required forms are enclosed.

If we have received word from your school of a student who would like to apply for this scholarship, that student's name will appear at the bottom of this letter. Please forward the enclosed documents to that student or your school counselor. If no name appears at the bottom of this letter, please forward the enclosed documents to your school counselor.

We hope that this information is clear. However, if you have any questions regarding the scholarship procedure, please do not hesitate to contact the scholarship committee members.

Sincerely,

Emmy Brown
NWMAEOP Scholarship Chairman

NWMAEOP Scholarship Committee

Emmy Brown  Sharon Strueby
423-903-2082  660-254-2393

NORTHWEST MISSOURI ASSOCIATION OF EDUCATIONAL OFFICE PERSONNEL
STUDENT SCHOLARSHIP
GUIDELINES -- RECOMMENDATIONS -- CANDIDATE

MEMBER REQUIREMENTS/INFORMATION

1. Candidates must be sponsored by a current year member of Northwest Missouri Association of Educational Office Personnel (NWMAEOP).

2. A member school district may sponsor only one candidate.

3. The member must submit candidate application and supporting documents to the Scholarship Committee postmarked no later than April 8, 2024.

CANDIDATE ELIGIBILITY CRITERIA

1. Candidate must intend to continue his/her education in an office-related business program.

2. Candidate may be a graduating senior who has made an application to continue his/her education, OR the candidate may currently be pursuing such a course of study.

3. The candidate shall be enrolled/expect to be enrolled as a full-time student in a post-secondary institution of higher education (two or four-year college/university, business school, or vocational-technical school/institute).

4. The candidate must maintain a 2.8 gpa (4.0 scale) for the period of the scholarship.

5. Candidate shall be responsible for the completion and return of all required support materials. (See application)

APPLICATIONS

An application will be considered complete when the following items have been received by NWMAEOP.

_____ 1. Application for scholarship on the appropriate form.

_____ 2. High school transcript with indication of class rank as of the last class period. Transcript shall be an official document and marked as such.

_____ 3. Student Scholarship Biographical Information.

_____ 4. Member nomination form (responsibility of member).

NOTE: Application forms and support materials become the property of NWMAEOP and will not be returned to the sponsoring member or candidate. Neatness and accuracy will be considered. 8 1/2 X 11 paper is required for all additional attachments.

SELECTION CRITERIA/PROCEDURE

1. Award is based on academic standing, financial need, and initiative.

2. Criteria for selection:
   Scholastic Record ------------------ 60%
   Financial Need ------------------ 30%
   Recommendation ---------------- 5%
   Biographical Sketch/Essay ------- 5%

3. Awards will be determined by the NWMAEOP Scholarship Committee.
4. Sponsoring members will be notified of winners, and they in turn will be responsible for notification of their candidate.

AWARD/DISBURSEMENT

1. NWMAEOP will provide a direct disbursement in the amount of $150.00 to the recipient(s) upon receipt of registrar's official notification of enrollment of the awardee in an institution of higher education.

If conditions of this scholarship are not met, it is understood that NWMAEOP reserves the right to withdraw the scholarship award.

DEADLINE DATE TO BE RECEIVED BY THE SCHOLARSHIP COMMITTEE IS APRIL 11th.

All applications must be postmarked by April 8th and sent to:

NWMAEOP Scholarship Committee
Sharon Strueby
36751 State Hwy J
Guilford, MO  64457
sharon.strueby@gmail.com
1. Name of candidate _________________________________________________________________________________________
   First               Middle               Last

2. Home address__________________________________________________________ Telephone ( )___________________
   _______________________________________________________________________
   City                                                                              State                                              Zip Code

3. Date of Birth__________________________ Female_____ Male_____
   Month/Day/Year

4. Name and address of high school or college you now attend

5. Date you will graduate from high school or college _____________________________________ month/day/year

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

   Name of Institution         Address         Accepted
   (a)_________________________     ______________________    Yes___  No____
   (b)_________________________     ______________________    Yes___  No____
   (c)_________________________     ______________________    Yes___  No____

7. List school extra curricular activities including athletics, music, etc. and offices held. (If more space is needed attach .)


8. Academic Awards or Honors:


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


10. Have you worked part-time during your school career? If so, list.

   Where employed         Primary responsibility         Dates


1. Applicant's name ________________________________________________________________

2. Father's name ___________________________________________ Mother's name _____________________________

3. Father's address

   City ___________________________ State ____________ Zip Code ___________________________

   Mother's address

   City ___________________________ State ____________ Zip Code ___________________________

4. Number of dependent brothers/sisters and their ages ______________________________________________________

5. Will your parents assist you financially in continuing your education? __________________

6. Please write a short statement “Why You Are Choosing an Office-Related Career or Vocation.

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

   __________________________________________________________

7. What is your chosen major? __________________________________________________________

8. PLEASE CHECK THE RANGE OF YOUR FAMILY'S ANNUAL INCOME:

   ___ Below $15,000   ___ $25,000 - 29,000   ___ $40,000 - $44,999

   ___ $15,000 - $19,999   ___ $30,000 - $34,999   ___ $45,000 - $49,000

   ___ $20,000 - $24,999   ___ $35,000 - $39,999   ___ $50,000 or above

9. I, the applicant, certify that the above is true and correct.

   ___________________________  ___________________________
   Signature of Applicant  Date
NORTHWEST MISSOURI ASSOCIATION OF EDUCATIONAL OFFICE PERSONNEL

STUDENT SCHOLARSHIP
MEMBER NOMINATION FORM

Completed by Sponsoring Member

1. Applicant's name_____________________________________ Telephone (     )_________________

2. Applicant's address____________________________________

____________________________________________   _________

City                                                State

3. Do you personally know the applicant? ___________________ If so, how long? ___________

4. Reason for recommending this applicant:

5. Name of sponsoring member ________________________________

6. Address of sponsoring member ________________________________

____________________________________________   _________

City                                                State

7. Telephone of sponsoring member    Home (     )_________________ Office (     )_________________

8. ________________________________ ______________________________

Signature of sponsoring member                                                                 Date