



Minnesota Association of Educational Office Professionals DARLA SCALES \$500 MEMORIAL SCHOLARSHIP

GENERAL INFORMATION

Eligibility: All Minnesota resident business education students who wish to continue their education and pursue an office related career, preferably in the education field.

This application may be submitted for a national scholarship with the National Association of Education Office Professionals.

Contact information: Direct applications, contributions, questions, and requests for information to:

MAEOP Scholarship Chair Carol Skyhawk, Stewartville Public Schools, District Office,
301 2nd Street SW, Stewartville, MN 55976 Phone: 507-533-1440 E-mail: carol.skyhawk@ssdtigers.org

The scholarship award criteria are based on academic standing, financial need, and initiative. Additional scholarships may be determined after donations have been received.

APPLICATION INSTRUCTIONS

All forms must be typed and the information will not be returned to the applicant. The following information must be completed:

Graduating High School Senior

1. Form 1: Application
2. Form 2: Candidate's Application
3. Form 3: Candidate's Biographical Information
4. One-page, biographical sketch: "Why I Am Choosing an Office Related Career as a Vocation."
5. Three (3) letters of recommendation
 - a. Principal, counselor, or other school administrator who can describe the applicant's
 - i. activities and leadership record; and
 - ii. character, personality, initiative, and home background.
 - b. Business education teacher
 - c. Non-family, non-MAEOP member
6. Latest high school transcript to include class rank at the end of the junior year

**Application & supporting materials must
be postmarked by
March 31, 2019**

Higher Education Student

- 1-4. Same as graduating high school senior
5. Three (3) letters of recommendation
 - a. Advisor or counselor who can describe the applicant's
 - i. activities and leadership records; and
 - ii. character, personality, & initiative.
 - b. Former teacher or present/former employer
 - c. Non-family, non-MAEOP member
6. Copy of high school diploma or GED certificate

COUNSELOR/ADVISOR: Mail completed application and supporting materials to Carol Skyhawk as indicated above.



Form 3

DARLA SCALES MEMORIAL SCHOLARSHIP

CANDIDATE'S BIOGRAPHICAL INFORMATION

PLEASE TYPE

Applicant's Name: _____
First Middle Last

Parent/Guardian

Name(s): _____

Address: _____

Occupation: _____

Number of dependents: _____

Applicant's career plans

Financial information

Will you receive other financial assistance to continue education, e.g., social security benefits, scholarships, grants? YES NO

How much anticipated annual assistance do you feel you will need to continue your education? \$_____ per year

Please check the range of your family's annual income below

- | | | |
|--|--|--|
| <input type="checkbox"/> Below \$15,000 | <input type="checkbox"/> \$25,000-29,999 | <input type="checkbox"/> \$40,000-\$44,000 |
| <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 over |

I certify the above information to be true and correct.

Applicant's Signature

Date