

*California Association of  
Educational Office Professionals*

**STUDENT SCHOLARSHIP OPPORTUNITY**



**CAEOP**

*Established 1950*

*www.caeop.org*

*Provided to assist business or education students who wish to  
continue with higher education and pursue a career in  
business administration or education.*

*The 2016-2017 scholarship is valued at \$1,000*

**Please read carefully and follow the accompanying GUIDELINES**

**Application and accompanying materials  
MUST be postmarked by December 12, 2016 and mailed to:**

**Sonia Rezkalah**

CAEOP Scholarship Chairman  
Perris Union High School District  
Student Services Center  
1151 North 'A' Street  
Perris, CA 92570

PH: 951 943-6369 Ext.81209 \*\*\* FAX: 951 943-9594

sonia.rezkalah@puhsd.org

Visit our website for more information  
[www.caeop.org](http://www.caeop.org)



*California Association of Educational Office Professionals*  
**STUDENT SCHOLARSHIP**  
**2016-2017 APPLICATION & GUIDELINES**

The 2016-2017 scholarship is valued at \$1,000. More than one scholarship may be awarded. This scholarship is a "tuition-only" scholarship.

### **CRITERIA**

- » Need for financial assistance,
- » Scholastic achievement,
- » Initiative,
- » Extracurricular Activities, and
- » Quality and completeness of application materials

### **TO QUALIFY**

- ▶ Applicant must 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.
- ▶ Applicant must have maintained a grade point average of 2.0 or better in high school.
- ▶ Applicant must have applied for admission to a post-high school accredited institution and plan to enter following the granting of the scholarship, or already be enrolled in an accredited college or university.
- ▶ Applicant must be a resident of the State of California.
- ▶ Applicant must intend to continue his/her education in the field of business administration or education.
- ▶ Applicant shall be responsible for the completion and return of all required support materials to the CAEOP Scholarship Chairman before the deadline date.

### **APPLICATION**

An application will be considered complete when the following items have been received by the CAEOP Scholarship Chairman:

- ▶ Completed application and biographical information forms included on pages 4 and 5.
- ▶ **Official** copy of high school transcript (or university/college transcript for higher education applicants) in a sealed envelope. High school transcript must indicate class rank. College transcript must show cumulative GPA.
- ▶ Completed one-page essay on "Why I am choosing a Career in Business or Education."
- ▶ Submit **THREE** letters of recommendation: (a) from a principal, counselor or other school administrator describing the candidate's activities, leadership record, character, personality, initiative, and home background; (b) from a language arts or math teacher; and, (c) from someone other than a CAEOP member or other than a family member.

## **SELECTION CRITERIA/PROCEDURE**

Recommendations	10%
Activities/School/Extracurricular	10%
Financial Need	30%
One-Page Essay	20%
Scholastic Record (official transcript)	30%

The CAEOP Scholarship Chairman will select a panel of judges to review applications and select the winning application(s).

All applicants will be notified of the status of their application by the CAEOP Scholarship Chairman.

Students selected to receive a 2016-2017 CAEOP Student Scholarship will be invited to attend the Awards Luncheon as part of the CAEOP Annual Conference held in early March. The student and two parents will be the guests of CAEOP at the luncheon where they will receive recognition for this special honor.

Any questions relative to the scholarship application or information required should be directed to the CAEOP Scholarship Chairman. The CAEOP Scholarship Committee will notify all candidates by January 27, 2017 as to its selection of scholarship recipients.

## **AWARD DISBURSEMENT**

To receive the scholarship funds, the scholarship recipient should send verification of enrollment at an accredited college or university to the CAEOP Scholarship Chairman. Upon receipt of the enrollment verification, the CAEOP Scholarship Chairman will request payment. The check, in the amount of \$1,000, will be forwarded to the appropriate office of said educational institution for "tuition only" within 30 days.

## **DELAY OF SCHOLARSHIP PAYMENT**

If a scholarship recipient is unable to attend a post-high school institution during the term following the granting of the scholarship, and so notifies in writing to the CAEOP Scholarship Chairman, the award may be held over for one school year. This request letter must be received by the CAEOP Scholarship Chairman no later than September 1<sup>st</sup>. Following receipt of the written request, the CAEOP Scholarship/Awards Chairman will confirm postponement of the scholarship award until the following year. Prior to August 1<sup>st</sup> of the following year, the scholarship recipient must request activation of their prior year scholarship by sending a letter to the CAEOP Scholarship Chairman along with proof of enrollment at a post-high school accredited institution.

### **CONTACT PERSON: Sonia Rezkalah, CAEOP Scholarship Chairman**

CAEOP Scholarship Chairman  
Perris Union High School District  
Student Services Center

1151 North 'A' Street Perris, CA 92570

PH: 951 943-6369 Ext.81209 \*\*\* FAX: 951 943-9594

Email: [sonia.rezkalah@puhsd.org](mailto:sonia.rezkalah@puhsd.org) \*\*\* [www.caeop.org](http://www.caeop.org)



California Association of Educational Office Professionals
2016-2017 STUDENT SCHOLARSHIP APPLICATION

Please read the application guidelines prior to completing the application information requested below. For additional space, use an 8 1/2 x 11 sheet of paper and attach. Type or print clearly.

1. Name of Applicant (First, Middle, Last)
2. Home Address (Street, City, Zip)
3. Telephone ( ) Other Phone No. (Cell):
4. Name and address of high school: Date of Graduation:

5. Are you currently enrolled in college? [ ] Yes [ ] No If yes, name and address of college:
6. Are you a high school senior? [ ] Yes [ ] No
If yes, list in order of preference three colleges, universities, or business schools to which you have formally applied for admission:
Table with columns: Name of Educational Institution, Address, Accepted?

If more space is needed for items 7 through 10, attach another sheet(s).
7. List school extracurricular activities, including athletics, music, etc., and offices held:

8. Academic awards or honors:
9. List your community (non-school) activities, including all offices held:

10. Have you worked part-time during your school career? If so, list:
Table with columns: Where Employed, Primary Responsibility, Dates

11. Please use this space to record additional information you feel would be of interest to the scholarship committee.

I certify the above is true and correct. I will use any funds received from CAEOP only for the purpose of paying expenses for my college education and I will notify CAEOP immediately if there should be any interruption in my plans for continuing my education this coming year.

Signature of Applicant Date:



California Association of Educational Office Professionals  
2016-2017 STUDENT SCHOLARSHIP APPLICATION  
**BIOGRAPHICAL INFORMATION SHEET**

1. Name of Applicant \_\_\_\_\_  
  First  Middle  Last
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 parents' dependents (not including you) and their ages:  
\_\_\_\_\_
7. What is your chosen major? \_\_\_\_\_
8. What is your career objective? \_\_\_\_\_
9. Will your parents assist you financially in continuing your education? [ ] Yes [ ] No  
Will you have any other assistance (social security benefits, etc.)? [ ] Yes [ ] No
10. Have you received any other scholarships? [ ] Yes [ ] No  
If yes, list name and amount: \_\_\_\_\_  
\_\_\_\_\_
11. How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? \_\_\_\_\_
12. Please check the range of your family's annual income:  
\_\_\_ Below \$25,000 \_\_\_ \$25,000-\$39,999 \_\_\_ \$40,000-\$69,999 \_\_\_ \$70,000 or more
13. List any other family income: \_\_\_\_\_
14. List any other family/financial/personal adversity circumstances which should be considered:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above is true and correct.

\_\_\_\_\_  
Signature of Applicant Date: \_\_\_\_\_

**Postmarked by December 12, 2016**