

**Mid-Atlantic Area  
Educational Office Professionals**

**Member Dependent Scholarship**

Please read carefully and follow the GUIDELINES

MUST be postmarked by March 31 and mailed to:

Paula Rosenberger, CEOE  
Mid-Atlantic Area Director  
308 Bentwood Lane  
Columbia, SC 29229

Mid-Atlantic Area  
Educational Office Professionals

**Paula Rosenberger, CEOE  
Mid-Atlantic Area Director**

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.

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 Mid-Atlantic Area.**

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

Applications forms for the scholarship are available from the Mid-Atlantic Director, State Association Presidents, and Mid-Atlantic NAEOP affiliate organizations. Form must be postmarked **March 31.**

To qualify, applicant must:

1. Have a high school diploma or equivalent, or be enrolled in an accredited college or University
2. Complete the required application and provide:
  - a. Biographical information **including essay** on future career plans
  - 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 Mid-Atlantic Area Scholarship Committee elected at the Annual NAEOP Area Breakfast will select the scholarship winner. Applicants will be notified of the committee's decision by July 1.

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 Mid-Atlantic Director.

**MAIL COMPLETED APPLICATION FORM TO:**

**Paula Rosenberger, CEOE  
Mid-Atlantic Area Director  
308 Bentwood Lane  
Columbia, SC 29229**

7/2005  
rev. 7/2006  
rev 1/2009  
rev 9/1/2009  
rev. 7/2011

Mid-Atlantic Area Educational Office Professionals  
Member Dependent Scholarship

Application Form

**Form must be completed on a computer or typewriter**

**NAEOP MEMBER INFORMATION**

Name \_\_\_\_\_ NAEOP Membership Number \_\_\_\_\_  
Expiration Date \_\_\_\_\_

Address \_\_\_\_\_  
Street/PO Box City State Zip

Phone: Office \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

**CANDIDATE INFORMATION**

Date of Application \_\_\_\_\_

1. Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street/PO Box City State Zip

2. Last GPA \_\_\_\_\_ 3. High School Graduation Date \_\_\_\_\_

4. List of Community (non-school) activities, including any offices held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. List school extracurricular activities, including athletics, music, etc, and any office held:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Academic Awards and/or Honors  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Extra sheets may be attached, if necessary.

**REMINDER: Essay must be included.**

