

# ANNOUNCING

## Richland County Association of Educational Office Professionals

RCAEOP



BE THE ESSENTIAL PIECE!

## STUDENT SCHOLARSHIP OPPORTUNITIES

Provided to assist students who wish to pursue higher education.

The 2024 scholarships are valued at \$500.

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

**Application and accompanying materials must be postmarked  
or emailed by **February 1, 2024** and mailed to:**

**Bridget S. Bookert, CEO**  
**RCAEOP Scholarship Chairperson**  
Olympia Learning Center  
621 Bluff Road  
Columbia, SC 29201

**If you have any questions, please call or email:**

**Mrs. Bookert**  
(803) 400-1694

[bridget.bookert@richlandone.org](mailto:bridget.bookert@richlandone.org)

Rev. 10/24/2023

**Richland County Association of Educational Office Professionals  
STUDENT SCHOLARSHIP  
2024 GUIDELINES**



The RCAEOP Student Scholarships were established to assist students who wish to pursue higher education. **All 2024 scholarships are valued at \$500.**

**CRITERIA**

- Need for financial assistance
- Scholastic achievement
- Written Essay (See attached for essay title)
- Extracurricular Activities/Community Service Activities

**ELIGIBILITY**

- Applicant must be a *graduating high school senior* from Richland Districts One or Two.
- Applicant must have maintained a grade point average of 2.0 or higher.
- Applicant must be a former graduate of Richland One or Two currently pursuing a two or 4-year degree or continuing his/her education at an accredited institution of higher learning in the State of South Carolina in the 2024 fall term.
- Applicant must be a United States citizen and a resident of South Carolina.

**APPLICATION PROCESS**

Applicant must complete the entire RCAEOP Scholarship Application Packet. The following items **must** accompany your application packet:

- **Official** copy of high school/college transcript (accepted via Parchment). High school transcript (must indicate class rank).
- Completed one-page essay (see attached for essay title). Attachment accepted.
- Three (3) letters of recommendation:
  - From a principal, counselor, advisor, **or** other school administrator;
  - From a teacher or professor;
  - From another adult (**RCAEOP members and family are exempt**).

Mail completed application packet along with official transcript and recommendation letters to address listed below. **Application materials must be POSTMARKED BY or EMAILED BY February 1, 2024 (11:59 PM).**

**SELECTION CRITERIA/PROCEDURE**

- The RCAEOP Scholarship Committee will select a panel of judges to review scholarship applications.
- All applicants will be notified immediately following judges’ decision (**judges’ decision is final**).
- Scholarship certificate(s) will be presented to the recipient(s).
- Check(s) (\$500) will be issued to the recipient(s) **upon receipt** of proof of enrollment certifying that the recipient(s) is/are registered for the 2024 Fall term.

JUDGING CRITERIA	
<b>Need for Financial Assistance</b>	<b>25%</b>
<b>Scholastic Achievement</b>	<b>25%</b>
<b>Written Essay</b>	<b>25%</b>
<b>Extracurricular/Community Service Activities</b>	<b>25%</b>

Application and accompanying materials must be **postmarked or emailed by February 1, 2024** and mailed to:

**Bridget S. Bookert, CEOE, Chair**  
**RCAEOP Scholarship Committee**  
**OLYMPIA LEARNING CENTER**  
**621 Bluff Road, Columbia, SC 29201**  
[bridget.bookert@richlandone.org](mailto:bridget.bookert@richlandone.org)



Richland County Association of Educational Office Professionals  
2024 STUDENT SCHOLARSHIP APPLICATION

Name of Applicant \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Street City Zip

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_ Female \_\_\_\_\_ Male \_\_\_\_\_

High School/College Presently Attending: \_\_\_\_\_

List school extracurricular activities, including athletics, music, etc., and offices held:  
\_\_\_\_\_  
\_\_\_\_\_

List your community activities (non-school) including all offices held: \_\_\_\_\_  
\_\_\_\_\_

List in order of preference three accredited colleges, universities, vocational or technical schools where you have formally applied or plan to apply for admission or continue attendance:

Name of Educational Institution	Address	Accepted	
		Yes	No
_____	_____		
_____	_____		
_____	_____		

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 RCAEOP **only** for the purpose of paying expenses for my college education and I will notify RCAEOP immediately if there should be any change in my plans for continuing my education this coming year.

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

(Complete the Biographical Information Sheet on Next Page)



*Richland County Association of Educational Office Professionals*  
**2024 STUDENT SCHOLARSHIP APPLICATION**  
**BIOGRAPHICAL INFORMATION SHEET**

Name of Applicant \_\_\_\_\_  
First Middle Last

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Address \_\_\_\_\_  
Street City Zip

Mother's Address \_\_\_\_\_  
Street City Zip

Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

Number of parents' dependents (not including you) and their ages: \_\_\_\_\_  
 \_\_\_\_\_

Number of dependent siblings/parents also attending college: \_\_\_\_\_

What is your chosen major? \_\_\_\_\_

What are your career plans? \_\_\_\_\_  
 \_\_\_\_\_

Please check the range of your family's income:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Below \$25,000      | <input type="checkbox"/> \$45,000 - \$54,999 | <input type="checkbox"/> \$75,000 - \$84,999 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$55,000 - \$64,999 | <input type="checkbox"/> \$85,000 - \$94,999 |
| <input type="checkbox"/> \$35,000 - \$44,999 | <input type="checkbox"/> \$65,000 - \$74,999 | <input type="checkbox"/> \$95,000 and Above  |

List any other family/financial circumstances that should be considered. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Date

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**2024 STUDENT SCHOLARSHIP APPLICATION**

**ESSAY**

**SCHOOL VIOLENCE: Types, Causes, Impact and/or Prevention**

**(Please type)** Essay should be 500 words or less on above topic. Sign and date this sheet and include with your application packet. Attachments accepted.

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Signature of Applicant

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Date