

Applicant's Name (please print or type)

_____ (Last)

_____ (First)

EDUCATIONAL OFFICE PROFESSIONALS OF OHIO

\$1,000 LILA M. VAN SWERINGEN

STUDENT SCHOLARSHIP APPLICATION

FOR SCHOOL YEAR 2019-2020

Application Checklist

(DO NOT DETACH this page, submit as cover sheet with application forms)

(Please check)

- Application Checklist (cover sheet)
- Typed** Application Form (2 pages)
- Official** High School or College Transcript (as applicable)
- Three (3) Recommendation Forms

SEND COMPLETED APPLICATION AND SUPPORT INFORMATION TO:

**Cindy Goga
EOPO Scholarship Chairperson
ESC of Northeast Ohio
6393 Oak Tree Blvd.
Independence, OH 44131**

APPLICATION MUST BE POSTMARKED ON OR BEFORE FEBRUARY 15, 2019.

**GUIDELINES FOR APPLICANT FOR
\$1,000 LILA M. VAN SWERINGEN STUDENT SCHOLARSHIP
Sponsored by EDUCATIONAL OFFICE PROFESSIONALS OF OHIO (EOPO)
SCHOLARSHIP FOR SCHOOL YEAR 2019-2020**

ELIGIBILITY: This scholarship program is open to all Ohio residents who attend Ohio high schools or colleges and will be attending a post-secondary institution during 2019-2020 academic year. The scholarship will be awarded to one who wishes to pursue an office-related career.

Mrs. Van Sweringen was a co-founder of EOPO and this scholarship was named in her honor. EOPO is a professional organization for all educational office personnel in Ohio-particularly office support personnel. It is NOT a bargaining unit and does not enter into negotiations with any educational system. The purpose of EOPO is to promote the professional growth of all persons employed as office personnel in an educational organization in the State of Ohio.

SCHOLARSHIP AMOUNT: One thousand dollars (\$1,000). EOPO scholarship winners will be eligible for an additional scholarship at the national level (sponsored by the National Association of Educational Office Professionals – deadline for applications is March, 2020).

INSTRUCTIONS FOR APPLICANT: Complete the attached scholarship application form and mail it with the Application Checklist and your high school or college transcript (s) to the address below *postmarked no later than February 15, 2019*. The application form should be typed or completed electronically. The electronic form may be found at our web site www.eopo-oh.org. The candidate is responsible for completion and return of all required support materials, including recommendation forms. (Recommendation forms need not be typewritten.) **Failure to submit all requested information and support materials by the deadline date will result in disqualification.**

RECOMMENDATION FORMS: Make copies of the form enclosed and fill in names at top as you need to submit three (3) recommendation forms. Two recommendations should come from school personnel (principal, counselor, business teacher, etc.) The third may come from any other person of your choice, who is not a family member. As indicated on the form. **THESE NEED TO BE RETURNED TO YOU so they can be included with the application materials you submit.**

ALTERNATE: An alternate will be selected in the event the winner does not use the scholarship.

PRESENTATION OF SCHOLARSHIP: The recipient will be invited to attend the EOPO Spring Banquet in June during which an award certificate will be presented. Inability of the recipient to attend the banquet will **not** result in loss of the scholarship.

DISBURSEMENT OF FUNDS: Educational Office Professionals of Ohio (EOPO) will arrange disbursement of recipient's scholarship funds upon receipt of official notification of student's enrollment in an institute of higher education.

RETURN COMPLETED CHECKLIST, APPLICATION FORM, TRANSCRIPTS, and RECOMMENDATION FORMS TO:

Cindy Goga
EOPO Scholarship Chairperson
ESC of Northeast Ohio
6393 Oak Tree Blvd., Independence, OH 44131

**EDUCATIONAL OFFICE PROFESSIONALS OF OHIO
\$1,000 LILA M. VAN SWERINGEN STUDENT SCHOLARSHIP
FOR SCHOOL YEAR 2019-2020**

Applicant's Name _____ Telephone (____) _____

Home Address _____

City _____ State & Zip _____

E-mail Address: _____

FAMILY INFORMATION:

Names of
Parents/Guardians _____

Address _____

Occupation _____

Number of Dependents Other than You _____ Their Ages _____

How many of these will also be College Students in 2019-2020 _____

ACADEMIC AND ACTIVITIES INFORMATION:

Present High School or College _____

Anticipated Graduation Date _____

Name of College/University You Plan to Attend _____
(Or are now attending)

Planned Course of Study _____

List Activities (school, community, church, hobbies, etc.) in which you have participated:

List Awards & Honors You have received:

Application for EOPO Lila Van Sweringen \$1,000 Student Scholarship

Work Experience	Employer	Full/Part Time	Dates of Employment

EXPLAIN BRIEFLY:

How you plan to finance your education?

Tell about your favorite manager and what they did to encourage or inspire you? What qualifications do you look for in a good manager?

What characteristics do you have that would lend themselves to be successful in an office related career?

How did you learn about the scholarship?

CERTIFICATION: The foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant

Date

I have read the foregoing statements and to the best of my knowledge and belief, they are correct; and I hereby give my approval of this application for scholarship consideration.

Signature of Parent/Guardian

Date

ALL APPLICATION MATERIALS MUST BE POSTMARKED BY February 15, 2019

To Candidate:

You need to **Submit 3 Completed Forms.** Form is to be duplicated and given to three persons of your choice (2) must be School Personnel

Recommendation Form for:

\$1,000 LILA M. VAN SWERINGEN* STUDENT SCHOLARSHIP sponsored by **EDUCATIONAL OFFICE PROFESSIONALS OF OHIO** (for student seeking higher education in an office-related position)

For School Year 2019-2020

Dear _____:
(Name of person from whom recommendation is sought)

_____ (Candidate's Name) is applying for the above scholarship. It would be very much appreciated if you would rate this candidate below.

Candidates recommended by EOPO are eligible to complete for scholarships at the national level (sponsored by the National Association of Educational Office Professionals). In order for candidate to meet application deadline **IT IS NECESSARY FOR YOU TO RETURN THIS COMPLETED FORM TO HIM/HER.**

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Does candidate have need for financial assistance? _____ (yes/no)

Qualities	Outstanding	Above Average	Average	Unacceptable	N/A
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality/character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative/drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in office-related work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the back of this page to write a summary on why this candidate merits consideration for this scholarship. Thank you.

(Signature of Person Completing this Form)

Title

Date

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