

**Central Area Educational Office Professionals
Member Dependent Scholarship**

APPLICATION FORM

Form must be completed on a computer

APPLICANT INFORMATION

Date of Application

1. Full Name: Date of Birth
First Middle Last (mm/dd/yyyy)

Address: City State Zip Phone #
Street/PO Box

Email address

Relationship of Applicant to NAEOP Central Area Member:

2. Legal Guardian's Name

Address: City State Zip Home Phone #
Street/PO Box

Cell Phone #: Email address:

2. Current Cumulative GPA: 3. Expected High School or College Graduation Date:

4. Academic Awards and/or Honors

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

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

MEMBER INFORMATION

Name: NAEOP Membership Number:

Address: City State Zip
Street/PO Box

Phone (Home) (Cell) Email

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ESSAY

Provide detailed information related to future career/educational goals. *(Limited to space provided in the box. Use 12 point font.)*

I certify the information contained in this application to be true and correct

Signature of Applicant

Date _____

APPLICATION RECEIVED BY CENTRAL AREA SCHOLARSHIP CHAIRMAN _____
Date