Seattle Association of Educational Office Professionals



TO: Seattle Public School Graduating Seniors Class of 2023

FROM: Kelli Derrig, Scholarship Chair Sand Point Elementary (ES-269)

RE: <u>SAEOP Scholarship Application Information</u>

Enclosed is an application form for the annual Seattle Association of Educational Office Professionals (SAEOP) Scholarship. This year we are proud to continue the tradition of awarding one (1) One thousand-dollar (\$1000) scholarship and (2) Five hundred-dollar scholarships.

We are seeking all interested and qualified Seattle Public High School graduating senior students (class of 2023) who wish to continue their education at a 2-year, 4-year college or vocational school. Please keep in mind throughout the application process that this is not a need-based scholarship.

The deadline for returning applications is **Friday. April 14. 2023**. Completed scholarship application packages should be sent to:

Mail: Kelli Derrig Sand Point Elementary 6208 60th Ave NE Seattle WA 98115.

Or through intra-district school mail: Kelli Derrig SAEOP Scholarship Chair Sand Point Elementary MS: ES-269

Or email: kederrig@seattleschools.org

The winning scholarship recipient will be expected to provide <u>the higher institution name/contact</u> <u>information</u> to issue a check on behalf of the student to said institution. This information must be provided by June 23, 2023. If the information is not received by June 23, 2023, the scholarship will be forfeited and granted to the next qualified candidate.

If you have any questions or need further clarification, please feel free to call Kelli Derrig at (206) 252-4644 or email at <u>kederrig@seattleschools.org</u>

Scholarship packets are also available online at <u>seattlewea.org</u>. Thank you.



SCHOLARSHIP APPLICATION FORM

Application must be <u>typed</u> to be considered (including this page).

| 1. | Full Name: | | | | |
|----|--|---------|----------|--|--|
| | Last | First | Middle | | |
| 2. | Home Address: | | | | |
| | City | State | Zip Code | | |
| 3. | . Name of SAEOP Member you are related to (if applicable): | | | | |
| 4. | Contact Information - Cell | Number: | | | |
| 5. | Email: | | | | |
| 6. | Name of three higher educational institutions you have applied to: | | | | |
| Na | ame of Institute: | | | | |
| Ac | ldress: | | | | |
| Na | me of Institute: | | | | |
| Ac | ldress: | | | | |
| Na | me of Institute: | | | | |
| Ac | ldress: | | | | |



Judging Criteria:

Applicants will be judged on neatness, spelling, punctuation, grammar, clarity of thought, and completeness of application. Please remember this is not a need-based scholarship. You are welcome to type your essay on page 6 of this application if you choose to submit electronically or you may print and mail your application.

Applications must be postmarked by Friday April 14, 2023. Late applications will not be considered.

Essay:

• In an essay of <u>300 words</u>, answer one of the following questions:

Describe how your most meaningful achievement relates to your field of study and future goals.

Or:

What special attribute or accomplishment sets you apart from the other students and makes you a good candidate for this scholarship.

Include the word count at the end of your essay.

Seattle Association of Educational Office Professionals



FACULTY RECOMMENDATION FORM

Candidate Name: _____

I recommend this student for the Seattle Association of Educational Office Professionals Scholarship based on: (Please list attributes)

□ School activities:

□ Classroom work, attitude, etc.:

□ Student's character:

Signature of Faculty Member

Date

Print Name

Name and Address of High School

Seattle Association of Educational Office Professionals



COUNSELORS RECOMMENDATION FORM

Candidate Name_____

I recommend this student for the Seattle Association of Educational Office Professionals Scholarship based on: (Please list attributes)

□ School activities:

□ Classroom work, attitude, etc.:

□ Student's character:

Signature of Counselor/Dean

Date

Signature of Principal

Date

Name and Address of High School



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Scholarship Application Checklist

| | | Application Form | |
|---------|---|--|--|
| | | Official Transcript | |
| | | Essay | |
| | | Counselors Recommendation form or letter of recommendation | |
| | | Faculty Recommendation form or letter of recommendation | |
| | | Application packet must be typed and postmarked by Friday, April 14, 2023 to be considered. | |
| Mail: | Kelli Derrig Sand Point Elementary 6208 60th Ave NE Seattle WA 98115. | | |
| Or thro | Kelli I SAEO | P Scholarship Chair Point Elementary | |

Or e-mail: kederrig@seattleschools.org