



Pennsylvania Association of Educational Office Professionals

A DEPARTMENT OF PENNSYLVANIA SCHOOL BOARDS ASSOCIATION



APPLICATION FORM FOR LOUISE HENDERSON NELSON MEMBER SCHOLARSHIP

(Please read the **Guidelines for Applicants** before completing form.)

I. Personal Data:

A. Name: _____

Last

First

Middle

Address: _____

Street

City

State

Zip

Home Telephone (____) _____ Work Telephone (____) _____

B. Date of Birth: _____ Sex _____

M/D/Y

M/F

_____ US Citizen: ____ Yes ____ No

Place of Birth

Citizenship Date _____, if born outside USA

C. Education Information:

High School:

Name and Address of High School

Year of Graduation: _____

Post-Secondary Education:

Name and Address of Institution

Number of Credits: _____ Degree: _____

Year of Graduation: _____

Name and Address of Institution Currently Attending

Number of Credits to Date: _____

Anticipated Date of Graduation: _____

D. _____
Name of Current Educational Employer

Address	City	State	Zip
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Name of Supervisor: _____

Your Present Salary: _____

II. Professional Educational Associations:

A. Memberships:	From:	To:
Local:	_____	_____
State:	_____	_____
National:	_____	_____

B. Pennsylvania Association of Educational Office Professionals

Offices Held:	Dates:
1. _____	_____
2. _____	_____
3. _____	_____

Committee Assignments:	Dates:
1. _____	_____
2. _____	_____
3. _____	_____

C. Local Educational Office Professionals

Offices Held:	Dates:
1. _____	_____
2. _____	_____
3. _____	_____

Committee Assignments:

Dates:

1. _____
2. _____
3. _____

D. National Association of Educational Office Professionals

Offices Held:

Dates:

1. _____
2. _____
3. _____

Committee Assignments:

Dates:

1. _____
2. _____
3. _____

E. Other Professional Job-Related Association Participation

Dates:

1. _____
2. _____
3. _____

III. Professional Standards Program Information:

A. _____ Date of Acceptance into NAEOP Professional Standards Program (Attach a copy of Professional Standards Program Check-Off List received from National PSP Registrar)

State option and certificate level you are working toward:

Date of Expected Completion of PSP Requirements or Re-certification: _____

Are you working toward a Certified Educational Office Employee distinction or Re-certification? ___ Yes ___ No

B. Does your employer provide reimbursement for courses?

_____ Yes _____ No _____ Partial _____ Full

Would you pursue the certificate if no financial help were available? _____ Yes _____ No

If no, give reason: _____

Future Educational Career Plans: _____

Date of Application: _____

Signature

Mark Envelope: "Candidate for PAEOP Scholarship"

Mail to: Cindy Teets
 26 Capp Lane
 Palmyra, PA 17078

Check List:

- "Check-off List" from PSP Registrar for NAEOP
- Membership Cards or Verification Letter
- High School Diploma or GED or Statement of Completion
- Form V, Application for Upgrading Certificate Level
- Letters of Recommendation
- Job Description