

# Minnesota Association of Educational Office Professionals DARLA SCALES \$500 MEMORIAL SCHOLARSHIP

## GENERAL INFORMATION

**Eligibility:** All Minnesota resident business education students who wish to continue their education and pursue an office related career, preferably in the education field.

This application may be submitted for a national scholarship with the National Association of Education Office Professionals.

**Contact information:** Direct applications, contributions, questions, and requests for information to:

MAEOP Scholarship Chair Carol Skyhawk, Stewartville Public Schools, District Office,  
301 2<sup>nd</sup> Street SW, Stewartville, MN 55976 Phone: 507-533-1440 E-mail: carol.skyhawk@ssdtigers.org

**The scholarship award** criteria are based on academic standing, financial need, and initiative. Additional scholarships may be determined after donations have been received.

## APPLICATION INSTRUCTIONS

All forms must be typed and the information will not be returned to the applicant. The following information must be completed:

### Graduating High School Senior

1. Form 1: Application
2. Form 2: Candidate's Application
3. Form 3: Candidate's Biographical Information
4. One-page, biographical sketch: "Why I Am Choosing an Office Related Career as a Vocation."
5. Three (3) letters of recommendation
  - a. Principal, counselor, or other school administrator who can describe the applicant's
    - i. activities and leadership record; and
    - ii. character, personality, initiative, and home background.
  - b. Business education teacher
  - c. Non-family, non-MAEOP member
6. Latest high school transcript to include class rank at the end of the junior year

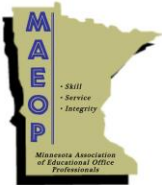
**Application & supporting materials must be postmarked by March 31, 2020**

### Higher Education Student

- 1-4. Same as graduating high school senior
5. Three (3) letters of recommendation
  - a. Advisor or counselor who can describe the applicant's
    - i. activities and leadership records; and
    - ii. character, personality, & initiative.
  - b. Former teacher or present/former employer
  - c. Non-family, non-MAEOP member
6. Copy of high school diploma or GED certificate

**COUNSELOR/ADVISOR:** Mail completed application and supporting materials to Carol Skyhawk as indicated above.





# DARLA SCALES MEMORIAL SCHOLARSHIP

## CANDIDATE'S APPLICATION

**PLEASE TYPE**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Middle Last MO/DAY/YEAR

Home Address: \_\_\_\_\_  
Street Unit City Zip

Name and address of high school or college you now attend: \_\_\_\_\_  
 \_\_\_\_\_ Date you will graduate: \_\_\_\_\_

List in order of preference up to three colleges, universities or business schools where you have formally applied for admission or the institution where you are presently enrolled.

Name of Institution	Address	Accepted	
1.	_____	Yes	No
2.	_____	Yes	No
3.	_____	Yes	No

Non-school community activities, including offices held

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

School extra-curricular/co-curricular activities, including athletics, music, offices held

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Academic awards or honors

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List recent work experience

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

