

ALABAMA ASSOCIATION OF SCHOOL OFFICE PERSONNEL
SCHOLARSHIP COMMITTEE
2018-2019

TO: Superintendents, Counselors, and Business Education Instructors
FROM: TERESA WINSLETT, Scholarship Committee Chairperson

SUBJECT: ALABAMA ASSOCIATION OF SCHOOL OFFICE PERSONNEL
(AASOP) SCHOLARSHIP (HIGH SCHOOL AND AASOP MEMBERS)

This year, the Alabama Association of School Office Personnel will award up to four (4) \$1,000.00 scholarships to students pursuing a degree from the college of business or K-12 education. Listed below are specific rules and regulations concerning these scholarships. Each applicant must furnish **ALL** requested information. This information will be kept confidential. The recipients will be notified no later than JUNE 30, 2019. The completed application must be received by **FEBRUARY 1, 2019**.

Please Mail to: TERESA WINSLETT
300 SIMMONS STREET
OPELIKA, AL 36801
334-745-9700
teresa.winslett@opelikaschools.org

RULES AND REGULATIONS

1. Scholarships may be given to high school graduates (or graduating seniors) who desire to pursue a degree from the college of business or a degree in K -12 education at an accredited Alabama school, college or university. The student's parent does not have to be an AASOP member to apply.
2. The Georgia P Gallis scholarship is designated to be given to an AASOP member or member's child who is pursuing a degree from the college of business or K-12 education. If no qualifying applications are received from members or a member's child, then this scholarship may be awarded to eligible applicants.
3. The scholarships will be awarded on the basis of scholastic record and financial need.
4. A previous recipient may reapply for a scholarship.
5. Scholarship money will be paid directly to the school upon certification of enrollment. This certification must be received prior to November 1 in the year awarded.

TASKS TO BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED.

Plan to enroll in the college of business or K -12 education.

1. Complete all items on the application.
2. Attach a recent photograph (optional).
3. Attach a personal letter stating your financial need for the scholarship.
4. Attach a transcript of your school grades through the first semester of the current school year, with the grade point average listed. This is not necessary for AASOP members applying for the scholarship if they are not currently enrolled in college.
5. Attach one letter from each of the three references listed on your application.

APPLICATIONS WILL NOT BE CONSIDERED UNLESS ALL INFORMATION IS ENCLOSED. APPLICATION MUST BE RECEIVED BY FEBRUARY 1, 2019.

**2018-2019
SCHOLARSHIP APPLICATION
ALABAMA ASSOCIATION OF SCHOOL OFFICE PERSONNEL**

NAME _____ (Last Name) _____ (First Name) _____ (Middle Initial) _____

ADDRESS _____ (Street) _____ (City) _____ (State) _____ (ZIP + 4) _____

AASOP DISTRICT NUMBER _____ (SEE ATTACHED LIST) COUNTY _____

TELEPHONE - DAY () - _____ TELEPHONE - NIGHT () - _____

GUARDIAN'S NAME _____ OCCUPATION _____

GUARDIAN'S PLACE OF EMPLOYMENT: _____

GUARDIAN'S ANNUAL INCOME: \$ _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S PLACE OF EMPLOYMENT _____

FATHER'S ANNUAL INCOME \$ _____

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S PLACE OF EMPLOYMENT _____

MOTHER'S ANNUAL INCOME \$ _____

TOTAL HOUSEHOLD ANNUAL INCOME: \$ _____ NUMBER OF PEOPLE IN HOUSEHOLD _____

ARE ANY OTHER FAMILY MEMBERS ATTENDING COLLEGE? _____ IF YES, HOW MANY? _____

ARE YOU, YOUR SPOUSE, MOTHER OR FATHER A CURRENT MEMBER OF THE ALABAMA ASSOCIATION OF SCHOOL OFFICE PERSONNEL AT THE STATE LEVEL? _____ IF YES, LIST BELOW:

APPLICANT _____ MOTHER _____ FATHER _____ SPOUSE _____

NAME OF AASOP MEMBER _____

NAME OF BOARD OF EDUCATION EMPLOYING AASOP MEMBER _____

NAME OF SCHOOL EMPLOYING AASOP MEMBER _____

WORK PHONE NUMBER OF AASOP MEMBER () - _____

HOUSEHOLD ANNUAL INCOME \$ _____

NAME OF HIGH SCHOOL ATTENDING _____

NAME OF COUNSELOR _____ PHONE _____

GRADE POINT AVERAGE (4 POINT SCALE) _____ ACT OR SAT SCORE _____
(Convert to 4-point average, if necessary)

NAME OF COLLEGE/SCHOOL YOU PLAN TO ATTEND _____

ADDRESS OF COLLEGE/SCHOOL _____

CURRICULUM YOU PLAN TO PURSUE _____

LIST OTHER GRANTS OR SCHOLARSHIPS RECEIVED _____

LIST OTHER GRANTS OR SCHOLARSHIPS YOU MIGHT RECEIVE _____

WORK EXPERIENCE (BEGIN WITH PRESENT OR MOST RECENT EMPLOYER)

EMPLOYER	ADDRESS	DATES OF EMPLOYMENT	ANNUAL WAGES EARNED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIST HONORS RECEIVED AND EXTRACURRICULAR ACTIVITIES _____

THREE REFERENCES ARE REQUIRED. ENCLOSE A LETTER FROM EACH REFERENCE. ONE SHOULD BE FROM SOMEONE IN YOUR SCHOOL - PRINCIPAL, TEACHER, COUNSELOR; THE OTHER TWO MAY BE FROM YOUR PASTOR, CHURCH LEADER, EMPLOYER OR SOMEONE IN YOUR COMMUNITY. LIST THEIR NAMES, ADDRESSES AND OCCUPATIONS BELOW:

- | | NAME | ADDRESS | OCCUPATION |
|----|-------|---------|------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

ATTACH ADDITIONAL PAGES IF NEEDED.
THIS FORM IS FOR THE 2018-2019 SCHOOL YEAR AND IS DUE BY FEBRUARY 1, 2019

TASKS TO BE COMPLETED BEFORE APPLICATION CAN BE PROCESSED:

1. PLAN TO ENROLL IN THE COLLEGE OF BUSINESS OR K-12 EDUCATION.
2. **COMPLETE ALL ITEMS ON THE APPLICATION. IF UNKNOWN OR NOT APPLICABLE, INDICATE UNKNOWN OR N/A.**
3. ATTACH A RECENT PHOTOGRAPH. (OPTIONAL)
4. ATTACH A PERSONAL LETTER STATING YOUR FINANCIAL NEED FOR THE SCHOLARSHIP.
5. ATTACH A TRANSCRIPT OF YOUR SCHOOL GRADES THROUGH THE FIRST SEMESTER OF THE CURRENT SCHOOL YEAR, WITH THE GRADE POINT AVERAGE LISTED. NOT NECESSARY FOR AASOP MEMBERS APPLYING FOR SCHOLARSHIP WHO ARE NOT CURRENTLY ENROLLED IN COLLEGE.
6. ATTACH ONE LETTER FROM EACH OF THE THREE REFERENCES LISTED ON YOUR APPLICATION.

APPLICATIONS WILL NOT BE CONSIDERED
UNLESS ALL REQUIRED INFORMATION IS PROVIDED.
(FILL IN EVERY BLANK)
DEADLINE: MUST BE RECEIVED BY FEBRUARY 1, 2019