**ALABAMA ASSOCIATION OF SCHOOL OFFICE PERSONNEL**

**SCHOLARSHIP COMMITTEE**

**2019-2020**

TO: Superintendents, Counselors, and Business Education Instructors

FROM: DORIS ZEIGLER, Scholarship Committee Chairperson

SUBJECT: ALABAMA ASSOCATION 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, 2020. The completed application must be received by **FEBRUARY 1, 2020.**

**Please Mail to:** DORIS ZEIGLER

 C/O ELMORE CO BOARD OF EDUCATION **334-567-1200 ext. 20043**

 P.O. BOX 817 doris.zeigler@elmoreco.com

 WETUMPKA, AL 36092

**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.

1. 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 a member or a member’s child, then this scholarship may be awarded to eligible applicants.
2. The scholarships will be awarded on the basis of scholastic record and financial need.
3. A previous recipient may reapply for a scholarship.
4. 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, 2020.**

**2019-2020**

**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)

 DATES OF ANNUAL

 EMPLOYER ADDRESS EMPLOYMENT 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 2019-2020 SCHOOL YEAR AND IS DUE BY **FEBRUARY 1, 2020**

 **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, 2020