

**NEW JERSEY ASSOCIATION OF EDUCATIONAL OFFICE
PROFESSIONALS**

MEMBER SCHOLARSHIP APPLICATION

Completed applications are to be postmarked no later than July 1, 2020 and sent to the Scholarship Chairman:

Dawn Leek
5824 Orange St.
Mays Landing, NJ 08330

Name of Applicant: _____

Phone #: _____

Address: _____

Email (required)*: _____

Amount of Scholarship grant for which applying
\$_____ (*not to exceed \$500.*)

Professional Development Certificate pursuing:

Degree pursuing (if applicable):

Name of Educational Institution:

Name(s) of course(s) for which reimbursement is requested:

Please attach a Xerox copy of tuition from school catalog and a Xerox copy of catalog page describing course(s).

Are the courses for the above listing? _____ Yes _____ No

If pursuing a degree, include copy of course requirements/degree plan.

Years a member of NJAEOP (i.e., 1986-1987): _____

Association participation (elected offices, committee chairs, committees served)

Local: _____

State: _____

National: _____

Other: _____

On a separate sheet of paper, write a brief statement about your career and why you are applying for this scholarship. Include how close you are to completion of a degree and/or the completion of requirements for a Professional Development Program (PDP) certificate and attach to this application.

Name of employer: _____

School system: _____

Address: _____

*Name of local affiliate: _____

Phone #: _____

Email: _____

Name of local affiliate(s) NOTE: The affiliate is listed only for notification information. If you should be selected, we would like to notify your local affiliate, if applicable. If you do not have a local affiliate, please list your county affiliate for notification. We would like them to be aware of the award.

Name: _____

Phone #: _____

Email: _____

Committee Action: Approved ___ Disapproved ___ Date _____