

**TO: Marion T. Wood Scholarship Applicants**  
**FROM: Awards Chairwoman**  
**South Dakota Association of Educational Office Professionals**  
**DATE: October 15, 2020**

**SUBJECT: Marion T. Wood Scholarship Applications**

This scholarship is sponsored annually by South Dakota Association of Educational Office Professionals. One scholarship will be given in the amount of \$500. Application deadline is **March 15, 2021**.

Applicant Eligibility Criteria

- The applicant is pursuing further education in an educational office-related business program.
- The applicant is a graduating high school senior or currently full-time in higher education.
- The applicant must have completed four semesters of high school and/or college courses from among the following: computer classes, keyboarding/typing, shorthand/speed writing, marketing, business communications, office practices and procedures, accounting, and/or bookkeeping.  
(Courses may have been taken in high school, college, or a combination.)
- The applicant is currently enrolled or will be a full-time student in higher education.
- The applicant shall be responsible for the completion and return of all required materials. (See application section.)
- The applicant must maintain a 2.8 (of a possible 4.0) GPA for the one-year period of the scholarship.

Application

- 1) The application for the scholarship must be submitted on Form 2.
- 2) Biographical information is to be submitted on Form 3.
- 3) One-page essay entitled "Why I am Choosing an Office-Related Career or Vocation" is to be submitted on Form 4.
- 4) Forms 2, 3, and 4 must be keyboard generated.
- 5) Official high school transcript with indication of GPOA as of the last grading period.
- 6) If applicable, official post-secondary transcript(s) for all completed course work as of the last grading period.
- 7) Three letters of recommendation from non-family or non-SDAEOP members. Letters may be from school officials, teachers, former or present employers, or others who can describe the student's activities and leadership record, character, personality, initiative, drive, home background, and/or other factors supporting his/her candidacy. Letterhead stationery is appropriate.
- 8) All forms should be keyboard generated. No handwritten applications will be accepted. No binders, folders, etc. will be accepted.

An application will be considered complete when the following items, assembled in the following order, have been received by:

Pam Liebe  
47324 146th St  
Milbank, SD 57252  
Office: 605-432-5579  
SDAEOP AWARDS CHAIRWOMAN

1. Form 2, keyboard generated
2. Form 3, keyboard generated
3. Form 4, keyboard generated
4. Official transcript(s)
5. 3 letters of recommendation

National Association of Educational Office Professionals  
**MARION T. WOOD STUDENT SCHOLARSHIP  
APPLICATION**

1. Name of Applicant \_\_\_\_\_  
  First  Middle  Last

2. Home Address \_\_\_\_\_  
  Street  City  State  ZIP

3. Telephone ( ) \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

4. Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
  Month/Day/Year  City/State

5. Name and address of high school or college now attending:  
\_\_\_\_\_

(Attach a high school transcript/class rank, GED, or college transcript provided in a sealed envelope from last grading period.)

6. Graduation date from high school/college: \_\_\_\_\_

7. If a high school senior, list in order of preference three colleges, universities, or business schools to which you have formally applied for admission.

Name of Educational Institution	Address	Accepted	Yes	No	Applied only
_____	_____				
_____	_____				
_____	_____				

If more space is needed for items 8 through 11, attach another sheet(s).

8. List school extracurricular activities including athletics, music, etc., and offices held and years of participation.

_____	_____
_____	_____
_____	_____

9. Academic awards or honors: (briefly describe these awards/honors)

_____	_____
_____	_____
_____	_____

10. List your community activities (non-school) including all offices held:

---

---

---

11. Have you worked part-time during your school career? If so, list and indicate if this work was related to your career goal or a financial need.

Where Employed	Primary Responsibility	Dates	Career Goal?	Financial Need?
----------------	------------------------	-------	--------------	-----------------

---

---

---

12. List business courses taken and year completed.

Business Course	Description	Year Completed
-----------------	-------------	----------------

---

---

---

National Association of Educational Office Professionals  
MARION T. WOOD STUDENT SCHOLARSHIP

BIOGRAPHICAL INFORMATION

1. Applicant's Name \_\_\_\_\_

2. Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

3. Father's Address \_\_\_\_\_

4. Mother's Address \_\_\_\_\_

5. Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

6. Number of parents' dependents (not including you) and their ages: \_\_\_\_\_

7. Are any dependents attending college? \_\_\_\_\_ How many? \_\_\_\_\_

8. What is your chosen major? \_\_\_\_\_

9. What is your career objective? \_\_\_\_\_

10. Will your parents assist you financially in continuing your education? \_\_\_\_\_

11. Will you have any other assistance (social security benefits, etc.)? \_\_\_\_\_

12. Have you received any other scholarships? If so, list below and include value of scholarship received:

\_\_\_\_\_

13. How much anticipated annual assistance do you feel you will need to continue your education after graduating from high school? \_\_\_\_\_

14. Please check the range of your family's annual income:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> below \$15,000    | <input type="checkbox"/> \$25,000-\$29,999 | <input type="checkbox"/> \$40,000-\$44,999 |
| <input type="checkbox"/> \$15,000-\$19,999 | <input type="checkbox"/> \$30,000-\$34,999 | <input type="checkbox"/> \$45,000-\$49,999 |
| <input type="checkbox"/> \$20,000-\$24,999 | <input type="checkbox"/> \$35,000-\$35,999 | <input type="checkbox"/> \$50,000- above   |

15. List any other family income: \_\_\_\_\_

16. List any other family/financial/personal adversity circumstances which should be considered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify the above is true and correct.

\_\_\_\_\_  
Signature of Applicant Date

*National Association of Educational Office Professionals*  
**MARION T. WOOD STUDENT SCHOLARSHIP**

**ESSAY**

(Please keyboard generate. Essay should be 500 words or less.)

**"WHY I AM CHOOSING AN OFFICE-RELATED CAREER OR VOCATION"**

---

Signature of Applicant

Date

*National Association of Educational Office Professionals*  
**MARION T. WOOD STUDENT SCHOLARSHIP**

***STUDENT GUIDELINES FOR APPLICANT ELIGIBILITY***

***Student Applicant:*** Please use the criteria listed below to determine if you qualify for the Marion T. Wood Student Scholarship Award. Upon checking all the items and you do qualify, complete the attached Forms 2, 3, and 4, include an official transcript(s) provided in a sealed envelope, complete with grades listed, and three (3) letters of recommendation.

You will need to give the entire completed packet as listed below to the designated person of the sponsoring local or state National Association of Educational Office Professionals affiliated association by date listed on the Student Application Checklist.

***APPLICANT ELIGIBILITY CRITERIA***

- Applicant is pursuing further education in an educational office-related business program.
- Applicant is a graduating high school senior or currently full-time in higher education.
- Applicant has completed two or more business education courses (four semesters) from among the following: computer classes, keyboarding/typing, marketing, business communication, accounting, office practices and procedures, bookkeeping, Desk top publishing, and/or business law. (Courses may have been taken in high school, college, or a combination.)
- Applicant is currently enrolled or will be a full-time student in higher education.
- Applicant is enclosing with this scholarship application all the required support materials (one original with original signatures; three copies of application forms and support materials). All are to be in proper order, no folders or binders are to be used.

Affiliation contact person: Pam Liebe

Address: 47324 146th St

City State Zip: Milbank, SD 57252

Phone: ( 605 ) 432-5579

*National Association of Educational Office Professionals*  
**MARION T. WOOD STUDENT SCHOLARSHIP**

**STUDENT APPLICATION CHECKLIST**

It is important to: 1) read page 1 to check for the Student Eligibility Requirements; 2) assemble your official forms/documents in checklist order.

***CHECKLIST ORDER***

- Form 2 - Application
- Form 3 - Biographical Information
- Form 4 - Essay
- Official transcript provided in a sealed envelope (only one (1) original is necessary, copies will be made for the three copy packets)
- Three (no more than 3) Letters of Recommendation
- One (1) original application packet of the above in order (no folders, binders, 3-ring notebooks, etc.)
- Three (3) copies in order (no folders, binders, 3-ring notebooks, etc.)

**Send completed application to your sponsoring affiliate no later than March 15.**

Pam Liebe  
47324 146<sup>th</sup> St  
Milbank, SD 57252