TO: Seattle Public School Graduating Seniors Class of 2020

FROM: Sandra Warner and Teresa Olmsted, Scholarship Chairs
Sand Point Elementary (ES-269), Olympic View Elementary (EL-262)

RE: SAEOP Scholarship Application Information

Enclosed is an application form for the annual Seattle Association of Educational Office Professionals (SAEOP) Scholarship. This year we are proud to continue the tradition of awarding one (1) One thousand-dollar ($1000) scholarship and (1) Five hundred-dollar scholarship.

We are seeking all interested and qualified Seattle Public High School graduating senior students (class of 2020) who wish to continue their education at a 2-year, 4-year college or vocational school. Please keep in mind throughout the application process that this is not a need-based scholarship.

The deadline for returning applications is **Friday, April 3, 2020**. Completed scholarship application packages should be sent to:

Mail: Sandra Warner
Sand Point Elementary
6208 60th Ave NE
Seattle WA 98115.

Or through inter-district school mail at:
Sandra Warner
SAEOP Scholarship Chair
Sand Point Elementary
MS: ES-269.

The winning scholarship recipient will be expected to provide the higher institution name/contact information to issue a check on behalf of the student to said institution. This information must be provided by June 26, 2020. If the information is not received by June 26, 2020, the scholarship will be forfeited and granted to the next qualified candidate.

If you have any questions or need further clarification, please feel free to call Sandra Warner at (206) 252-4640 or email at sjwarner@seattleschools.org

Scholarship packets are also available online at [www.saeop.org](http://www.saeop.org). Thank you.
SCHOLARSHIP APPLICATION FORM
Application must be typed to be considered (including this page).

1. Full Name: __________________________________________________________
   Last   First                         Middle

2. Home Address:_______________________________________________________
   ___________________________________________________________________
   City                                                   State                                                Zip Code

3. Name of SAEOP Member you are related to (if applicable):_____________________

4. Contact Information:  Cell Number: ________________________________

5. Email: _________________________________________________________________

6. Name of three higher educational institutions you have applied to:
   Name of Institute: _________________________________________________________
   Address: _________________________________________________________________
   Name of Institute: __________________________________________________________
   Address: _________________________________________________________________
   Name of Institute: __________________________________________________________
   Address: _________________________________________________________________
**Judging Criteria:**
Applicants will be judged on neatness, spelling, punctuation, grammar, clarity of thought, and completeness of application. Please remember this is not a need-based scholarship.

Applications must be postmarked by Friday April 3, 2020. Late applications will not be considered.

**Essay:**

- In an essay of **300 words**, answer the following question:

Describe how your most meaningful achievement relates to your field of study and future goals.

Or:

What special attribute or accomplishment sets you apart from the other students and makes you a good candidate for this scholarship.

Include the word count at the end of your essay.
FACULTY RECOMMENDATION FORM

Candidate Name: __________________________________________________________

I recommend this student for the Seattle Educational Office Professional Scholarship on the basis of:
(Please list attributes)

☐ School activities:

☐ Classroom work, attitude, etc.:

☐ Student’s character:

__________________________________________  ________________
Signature of Faculty                                  Date

___________________________________________
Print Name

Name and Address of High School
COUNSELORS RECOMMENDATION FORM

Candidate Name_______________________________________________

I recommend this student for the Seattle Educational Office Professional Scholarship on the basis of: (Please list attributes)

☐ School activities:

☐ Classroom work, attitude, etc.:

☐ Student’s character:

_____________________________________________________________________________________

Signature of Counselor/Dean     Date

______________________________________    __________________________

Signature of Principal                                           Date

Name and Address of High School
Scholarship Application Checklist

☐ Application Form

☐ Official Transcript

☐ Essay

☐ Counselors Recommendation form or letter of recommendation

☐ Faculty Recommendation form or letter of recommendation

Application packet must be typed and postmarked by **Friday, April 3, 2020** to be considered.

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