

Applicant's Name (please type):

(*Last*)

(*First*)

EDUCATIONAL OFFICE PROFESSIONALS OF OHIO

\$1,000 LILA M. VAN SWERINGEN

STUDENT SCHOLARSHIP APPLICATION

FOR SCHOOL YEAR 2024-2025

Application Checklist

(DO NOT DETACH this page, submit as cover sheet with application forms)

(Please

check)

- Application Checklist (cover sheet)
- Typed** Application Form (2 pages)
- Official** High School Transcripts (College Transcripts if applicable)
- Three** (3) Recommendation Forms and Letters (on official letterhead)

SEND COMPLETED APPLICATION AND SUPPORT INFORMATION TO:

**Darlene L. Lewis
EOPO Scholarship Chair
11297 Boundary Rd.
Richwood, OH 43344
rdarlewis2@gmail.com**

APPLICATION IS DUE & MUST BE POSTMARKED ON OR BEFORE JANUARY 10, 2025

**GUIDELINES FOR APPLICANT FOR
\$1,000 LILA M. VAN SWERINGEN STUDENT SCHOLARSHIP
Sponsored by EDUCATIONAL OFFICE PROFESSIONALS OF OHIO (EOPO)
SCHOLARSHIP FOR SCHOOL YEAR 2024-2025**

ELIGIBILITY: This scholarship program is open to all Ohio residents who attend Ohio high schools or colleges and will be attending a post-secondary institution during 2024-2025 academic year. The scholarship will be awarded to one who wishes to pursue an office-related career.

Mrs. Van Sweringen was a co-founder of EOPO and this scholarship was named in her honor. EOPO is a professional organization for all educational office personnel in Ohio-particularly office support personnel. It is NOT a bargaining unit and does not enter into negotiations with any educational system. The purpose of EOPO is to promote the professional growth of all persons employed as office personnel in an educational organization in the State of Ohio.

SCHOLARSHIP AMOUNT: One thousand dollars (\$1,000.00). EOPO scholarship winners will be eligible for an additional scholarship at the national level (sponsored by the National Association of Educational Office Professionals).

INSTRUCTIONS FOR APPLICANT: Complete the attached scholarship application form and mail it with the Application Checklist, your 3 recommendation forms/letters and your high school transcripts (and college transcripts if applicable) to the address below **postmarked no later than January 10, 2025**. The application form should be **typed or completed electronically**. The electronic form may be found at our web site www.eopo-oh.org. The candidate is responsible for completion and return of **all** required support materials, including recommendation forms/letters (must be on official letterhead) and official transcripts. **Failure to submit all requested information and support materials by the deadline date will result in disqualification.**

RECOMMENDATION FORMS/LETTERS: Make copies of the form enclosed and fill in names at top as you need to submit three (3) recommendation forms/letters. Two recommendations should come from school personnel (principal, counselor, business teacher, etc.) and the third may come from any other person of your choice, who is not a family member. As indicated on the form. **THESE NEED TO BE RETURNED TO YOU so they can be included with the application materials you submit.**

ALTERNATE: An alternate will be selected in the event the winner does not use the scholarship.

PRESENTATION OF SCHOLARSHIP: The recipient will be contacted via email and phone upon being chosen as the winner. The scholarship will be awarded at the Awards Ceremony at the EOPO Annual Conference. In the event there is no conference, the scholarship award will be sent to the recipient's home address once confirmation has been confirmed.

DISBURSEMENT OF FUNDS: Educational Office Professionals of Ohio (EOPO) will arrange disbursement of recipient's scholarship funds upon receipt of official notification of student's enrollment in an institute of higher education.

**RETURN COMPLETED CHECKLIST, APPLICATION FORM, RECOMMENDATION
FORMS/LETTERS AND TRANSCRIPTS TO:**

Darlene L. Lewis
EOPO Scholarship Chair
11297 Boundary Rd.
Richwood, OH 43344

rdarlewis2@gmail.com

EDUCATIONAL OFFICE PROFESSIONALS OF OHIO
\$1,000 LILA M. VAN SWERINGEN STUDENT SCHOLARSHIP
FOR SCHOOL YEAR 2024-2025

Applicant's Name: Telephone:

Home Address:

City: State & Zip:

E-mail Address:

FAMILY INFORMATION:

Names of Parents/Guardians:	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Address:	<input type="text"/>	<input type="text"/>
Occupations:	<input type="text"/>	<input type="text"/>

Number of Dependents Other than You: Their Ages:

How many of these dependents will also be College Students in 2024-2025:

ACADEMIC AND ACTIVITIES INFORMATION:

Present High School and/or College:

Anticipated Graduation Date:

Name of College/University You Plan to Attend:
(Or are now attending)

Planned Course of Study:

List Activities (school, community, church, hobbies, etc.) in which you have participated:

List Awards & Honors you have received:

Application for EOPO Lila Van Sweringen \$1,000 Student Scholarship

Work Experience	Employer	Full/Part Time	Dates of Employment

PLEASE EXPLAIN IN DETAIL:

How you plan to finance your education?

Describe your favorite manager and what they did to encourage/inspire you? What qualifications do you look for in a good manager?

What characteristics do you have that would lend themselves to be successful in an office related

How did you learn about the scholarship?

CERTIFICATION:

The foregoing statements are true to the best of my knowledge and belief.

Signature of Applicant

Date

I have read the foregoing statements and to the best of my knowledge and belief, they are correct; and I hereby give my approval of this application for scholarship consideration.

Signature of Parent/Guardian

Date

APPLICATION IS DUE & MUST BE POSTMARKED ON OR BEFORE JANUARY 10, 2025.

To Candidate:

You need to submit 3 completed forms/letters. This form is to be duplicated and given to three persons of your choice (2) must be School Personnel.

**Recommendation Form for:
\$1,000 LILA M. VAN SWERINGEN* STUDENT SCHOLARSHIP
sponsored by EDUCATIONAL OFFICE PROFESSIONALS OF OHIO
(for student seeking higher education in an office-related position)**

For School Year 2024-2025

Dear _____:
(Name of person from whom recommendation is sought)

_____ (Candidate's Name) is applying for the above scholarship. It would be very much appreciated if you would rate this candidate below.

Candidates recommended by EOPO are eligible to complete a scholarship at the national level (sponsored by the National Association of Educational Office Professionals).

In order for candidate to meet application deadline, IT IS NECESSARY FOR YOU TO RETURN THIS COMPLETED FORM AND LETTER OF RECOMMENDATION TO HIM/HER.

Does candidate have need for financial assistance? _____ (yes or no?)

Qualities	Outstanding	Above Average	Average	Unacceptable	N/A
Academic Performance					
Activities					
Leadership Ability					
Dependability					
Personality/Character					
Initiative/Drive					
Interest in office-related work					

On official letterhead, please type a letter of recommendation on why this candidate merits consideration for this scholarship. Thank you.

(Signature of Person Completing this Form)

Title

Date

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<http://www.eopo-oh.org/>