

**EDUCATIONAL OFFICE PROFESSIONALS OF OHIO
MARTHA L. LEACH MEMBER SCHOLARSHIP
2025-2026**

The Educational Office Professional of Ohio sponsors a member scholarship (named after Mrs. Leach, who was co-founder of EOPO). This scholarship is for the purpose of assisting members of EOPO who 1) wish to continue their formal education; 2) wish to work toward a degree; or 3) are pursuing a Professional Standards Certificate through NAEOP.

ELIGIBILITY

- A. Applicant must have been an EOPO member for two (2) years immediately preceding the date of the scholarship application deadline.
- B. Applicant must either hold a Professional Standards Program Certificate, or currently working towards a certificate.
- C. EOPO members may apply for a scholarship award as many times as they desire. In order to be eligible for a second or subsequent award, an applicant must have maintained at least a 2.8 (out of a possible 4.0) grade point average during the term for which the previous scholarship award was made.

SCHOLARSHIP AMOUNT

The maximum value of the scholarship shall be five hundred dollars (\$500.00).

INSTRUCTIONS FOR APPLICANT

An application will be considered complete when the following items have been received by EOPO:

- 1. Application for scholarship must be made on appropriate form provided by EOPO. An electronic form may be found at our web site https://eopo-oh.org/Member_Scholarship.
- 2. Application is due and must be postmarked on or before **January 10, 2026**.
- 3. Transcript(s) of previous academic performances.
- 4. A copy from school catalog or other promotional material noting tuition/fees.
- 5. A copy from school catalog or other promotional material describing courses for which applying for scholarship monies. (If pursuing a degree, include a copy of course requirements/degree plan).
- 6. A letter of recommendation from applicant's immediate supervisor sent under separate cover directly to the Scholarship Chairperson.

Note: The candidate is responsible for completion and return of all required support materials including the letter of recommendation. Failure to submit all requested information, to follow all guidelines, and to send requested copies of support materials will result in disqualification.

No exceptions will be made.

GUIDELINES FOR SCHOLARSHIP APPLICANT

EVALUATION OF APPLICANTS

- A. Scholarship applicants shall be evaluated by the Scholarship Committee, consisting of the Chairman (appointed by the President of EOPO) and at least two other members selected by the Chairman. The Scholarship Committee will recommend the final candidate(s) to the EOPO Executive Board. If there should be a tie, a vote will be taken by the Board to determine the winner.
- B. A rating system of 100 points shall be used in determining the scholarship recipients(s).
 - 1. Maximum of 15 points for academic performance.
 - 2. Maximum of 10 points for nearness to completion of degree or work toward a PSP Certificate.
 - 3. Maximum of 30 points for participation & leadership positions in local affiliates; NAEOP (our national educational association); and EOPO.
 - 4. Maximum of 10 points for participation & leadership positions in other professional job-related associations.
 - 5. Maximum of 30 points for statement of need. (Financial need is not a requirement. Points will be awarded according to the financial need expressed by the applicant at the top of page 2 of the application form.)
 - 6. Maximum of 5 points for completeness & neatness of application.

SCHOLARSHIP INFORMATION

- A. The Martha L. Leach Member Scholarship is a tuition-only scholarship. Value is tied to tuition paid by the recipient.
- B. Payment for the scholarship will be made directly to the recipient upon receipt of documentation of a paid receipt for the courses enrolled in at the institution of the recipient's choice.
- C. The approved monies will be valid for the academic year following the awarding of the scholarship (courses taken summer term of 2025 through the spring term of 2026).
- D. More than one scholarship may be approved during a fiscal year, provided allocated funds are available. Two or more persons could share a scholarship.
- E. No scholarship will be awarded if the scholarship committee concludes that no applicant meets specified qualifications.

SEND COMPLETED APPLICATION TO:

**Wendy Main
EOPO Scholarship Chair
1467 Mt. Vernon Ave.
Marion, OH 43302
mainw@mtc.edu**

APPLICATION IS DUE AND MUST BE POSTMARKED ON OR BEFORE JANUARY 10, 2026.

**EDUCATIONAL OFFICE PROFESSIONALS OF OHIO
MARTHA LEACH MEMBER SCHOLARSHIP APPLICATION
2025-2026**

Name of Applicant:

Last	First	Middle Initial
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Address:

City:

 State:

 Zip:

Home Phone:

 Work Phone:

E-mail Address:

Amount of Scholarship Grant for which applying: \$

 (not to exceed \$500.00)

Educational Institution planning to attend/attending:

Degree pursuing (if applicable):

Name(s) of Course(s) for which scholarship is requested:

Professional Standards Certificate pursuing:

Years as a member of EOPO (inc. 2023-2024):

Association Participation (elected offices, committee chairs, committees served) include years:

Local:	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>
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State:	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>
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National:	<table border="1" style="width: 100%;"></table>	<table border="1" style="width: 100%;"></table>
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Other professional job-related association participation:

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MARTHA LEACH MEMBER SCHOLARSHIP APPLICATION

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In the space below, explain how you see yourself in the role of an office professional now and in the future and how receiving this scholarship could help you achieve the goals you have set for yourself. Also include a statement about your financial needs and how close you are to completion of a degree and/or the requirements for a Professional Standards Certificate.

Name/Title of Immediate Supervisor:

School District/Educational Employer:

Address:

Years you have been employed with this employer?:

In education?:

If you are a member of a local affiliate, please provide the following information.

(This information would be used only for notification should you be selected.)

Name of the Affiliate:

Name and Phone Number of Affiliate President:

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