

NAEOP Educational Foundation, Inc.

Mona Smith Member Dependent Scholarship

**Please read carefully
and follow the GUIDELINES**

MUST be postmarked by March 15 and mailed to:

NAEOP Educational Foundation, Inc.
PO Box 12619
Wichita KS 67277-2619

NAEOP Educational Foundation, Inc.
Mona Smith Member Dependent Scholarship

APPLICATION CHECKLIST

Have you included:

- _____ 1. Completed application forms
- _____ 2. Biographical Data
- _____ 3. Essay of career goals
- _____ 4. Transcript(s) OR
 - a. High school diploma OR GED certificate
 - b. College courses taken
- _____ 5. Letters (3) of recommendation

Send completed application to:

**NAEOP Educational Foundation, Inc.
Mona Smith Scholarship Chairman
P. O. Box 12619
Wichita, KS 67277-2619**

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

You are encouraged to send your application by Certified Mail to ensure delivery.

NAEOP Educational Foundation, Inc.

PO Box 12619 • Wichita KS 67277-2619 • 316-942-4822 • FAX 316-942-7100

**MONA SMITH MEMBER DEPENDENT SCHOLARSHIP
GUIDELINES**

This scholarship is a one time award for the winner. Only applicants who have not received this award may apply. It is valued at \$1,000. One scholarship will be awarded.

This is an undergraduate program scholarship available for dependents of active, life, or retired members, who are a current member and must have held membership for three years immediately preceding the date of scholarship application deadline. A dependent is defined as anyone qualified to be claimed under Internal Revenue Service tax guidelines.

The student must enroll in an accredited college or university. (Minimum of twelve semester hours.)

Application forms for the scholarship are available from the NAEOP Educational Foundation, Inc. Form must be completed and postmarked by March 15.

To qualify, applicant must:

1. Have a high school diploma or equivalent, or be enrolled in an accredited college or university.
2. Complete the required application and provide:
 - a. Biographical information
 - b. Official transcript (high school if graduating senior or equivalent, or transcript of work completed at college or university.)
 - c. three (3) letters of recommendation
3. Application Forms must be keyboard generated. **No handwritten application accepted.**

The NAEOP Educational Foundation Scholarship Committee will select the scholarship winner. Applicants will be notified of the committee's decision by July 1.

The scholarship stipend will be mailed to the recipient prior to the beginning of the semester/year for which the scholarship is awarded.

NOTE: Failure to submit all requested information and to follow all guidelines will result in disqualification. No exceptions will be made.

MAIL COMPLETED APPLICATION FORM TO:

**NAEOP EDUCATIONAL FOUNDATION, INC.
PO BOX 12619
WICHITA KS 67277-2619**

NAEOP Educational Foundation, Inc.

Mona Smith Member Dependent Scholarship APPLICATION FORM

(Form must be keyboard generated (no handwritten applications accepted))

MEMBER INFORMATION

Name _____ Membership Number _____

Address _____
Street/PO Box City State ZIP

Phone: Office () Home () Fax ()

E-mail Address: _____

CANDIDATE INFORMATION

Date of Application _____

1. Full Name _____ Date of Birth ____ / ____ / ____
First Middle Last

Address _____ ()
City State ZIP Home Phone

2. Last G.P.A. _____ 3. High School Graduation Date _____

4. List of Community (non-school) activities, including any offices held:

5. List school extracurricular activities, including athletics, music, etc., and any offices held:

6. Academic Awards and Honors:

