

# Idaho Association of Educational Office Professionals

## MEMBER PROFESSIONAL DEVELOPMENT SCHOLARSHIP

### APPLICATION PROCESS

**Purpose:** The IAEOP Member Professional Development Scholarship is established to:

1. encourage professional development and personal growth beyond those opportunities provided by local, state, and national educational office professional associations,
2. reimburse the member's workshop, seminar or class expense with individual scholarships of up to \$150.00 each, and
3. select four (4) scholarship recipients per year based on the IAEOP represented areas.

**Eligibility Criteria:**

1. Member must be a current IAEOP member and have been a member for two (2) years immediately preceding the deadline date.
2. Workshop, seminar or class will be considered as it directly relates to job skills, work environment, communication skills, and/or technology education and updates.
3. Workshop, seminar or class must have been taken within the calendar year immediately preceding the deadline date.
4. Personal payment must have been made by the applicant with no other form of reimbursement or compensation.

**Application (must include all components):**

1. **Member Professional Development Scholarship Application**
2. **Workshop, Seminar or Class Description** – copy of flyer or brochure which describes the workshop, seminar or class
3. **Proof of Attendance** – may be either Certificate of Attendance or letter signed by the instructor
4. **Proof of Payment** – may be in the form of a receipt, cancelled check, or credit card billing with workshop, seminar or class (or sponsoring company) listed on the billing.

**Award Notification/Disbursement:**

1. Scholarship applicants will be notified of the selection results after the committee's decision has been approved.
2. Scholarship payments will be given at the Awards Banquet held at the IAEOP Annual Meeting/Spring Conference.

Idaho Association of Educational Office Professionals

**MEMBER PROFESSIONAL DEVELOPMENT SCHOLARSHIP APPLICATION**

**GENERAL INFORMATION** (Must be typed or printed)

Applicant's Name \_\_\_\_\_

First

Middle

Last

Applicant's Address \_\_\_\_\_

Street/PO Box

City

State

Zip Code

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Work

Home

Employer (school/college/department) \_\_\_\_\_

Position \_\_\_\_\_ Years in this position \_\_\_\_\_

**ELIGIBILITY**

Member of IAEOP \_\_\_\_ Yes \_\_\_\_ No Dates of membership \_\_\_\_\_

Workshop/Seminar/Class Title \_\_\_\_\_

Presenter/Instructor \_\_\_\_\_

How is it directly related to your position at work \_\_\_\_\_

Cost \_\_\_\_\_ Method of Payment \_\_\_\_ Check \_\_\_\_ Cash \_\_\_\_ Credit Card

Did you, or will you, receive reimbursement/compensation from any other source? Y N

If yes, explain \_\_\_\_\_

**ATTACHMENTS** Attach a copy of the description flyer or brochure, proof of payment, and verification of attendance.

**MAIL COMPLETED APPLICATION PACKET TO:**

Kelley Davis

Boise State University

IAEOP Scholarship Committee Chair

1910 University Drive

Boise, ID 83725-1840

**APPLICATION PACKET MUST BE POSTMARKED NO LATER THAN FEBRUARY 28.**