

# NHAEOP

New Hampshire Association of Educational Office Professionals  
www.nhaeop.org

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TO: Members of the New Hampshire Association of Educational Office Professionals  
FROM: Pam Patnode ~ President  
RE: **Member Scholarship**

The New Hampshire Association of Educational Office Professionals would like to remind you of the member scholarship available online to dues-paying members. The scholarship amount is set at \$500 for 2016, and will be awarded annually as the treasury allows. The application is designed to highlight your educational and career goals, combined with financial need.

Members taking courses for college credit may apply for, and receive up to two scholarships. However, they must provide proof of successful completion of the first course if applying for a second time.

This year's scholarship will be awarded for the summer or fall semester of 2016, with applications due to me by April 18, 2016.

The person chosen by the Member Scholarship Committee (consisting of your peers) will be notified and presented with a check to help defray expenses. If you have any questions about the scholarship and/or application process, please contact me at (603) 826-7711 or ppatnode@sau60.org.

*Pam Patnode*

Pam Patnode ~ NHAEOP President  
Charlestown Middle School  
PO Box 325  
Charlestown, NH 03603



**PLEASE ANSWER THE FOLLOWING QUESTIONS.** Please be specific. Your answers will carry considerable weight in judging the merits of your application for financial assistance. If you require additional space for one or more of the questions, identify the question(s) and use additional paper.

**1. Educational and Career Goals:** Please write a short statement about your educational and career goals, i.e., why you are returning to school, why you have chosen your particular course of study, and what you hope to achieve with your education, including how this course will enhance your skills and assist you in your current position.

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**2. Special Circumstances:** Do you have any unusual personal, financial or family circumstances of which we should be aware, including outstanding educational loans for you or a family member?

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## APPLICANT FINANCIAL ANALYSIS

Total Number of Dependents: \_\_\_\_\_

Dependents at-home, and ages:

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Dependents attending college:

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Please estimate your total cost for this course:

Tuition	\$	_____
Books	\$	_____
Transportation	\$	_____
Other	\$	_____

**Estimated Total** \$ \_\_\_\_\_

Please detail any other scholarships, grants, loans, and/or SAU/school district financial assistance you are seeking or have been awarded for the upcoming academic year.

<u>Source</u>	<u>Amount Applied For</u>	<u>Granted Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_