

# Seattle Association of Educational Office Professionals



TO: Seattle Public School Graduating Seniors Class of 2024

FROM: Kathy Johnson, Scholarship Chair  
Lafayette Elementary (WO-239)

RE: SAEOP Scholarship Application Information

Enclosed is an application form for the annual Seattle Association of Educational Office Professionals (SAEOP) Scholarship. This year we are proud to continue the tradition of awarding one (1) One thousand-dollar (\$1000) scholarship and (2) Five hundred-dollar scholarships.

We are seeking all interested and qualified Seattle Public High School graduating senior students (class of 2024) who wish to continue their education at a 2-year, 4-year college or vocational school. Please keep in mind throughout the application process that this is not a need-based scholarship.

The deadline for returning applications is **Friday, April 19, 2024**. Completed scholarship application packages should be sent to:

Mail: Kathy Johnson  
Lafayette Elementary  
2645 California Ave SW  
Seattle, WA 98116

Or through intra-district school mail:  
Kathy Johnson  
SAEOP Scholarship Chair  
Lafayette Elementary  
MS: WO-239

Or email: [kajohnson@seattleschools.org](mailto:kajohnson@seattleschools.org)

The winning scholarship recipient will be expected to provide the higher institution name/contact information to issue a check on behalf of the student to said institution. This information must be provided by June 21, 2024. If the information is not received by June 21, 2024, the scholarship will be forfeited and granted to the next qualified candidate.

If you have any questions or need further clarification, please feel free to call Kathy Johnson at (206) 252-9500 or email at [kajohnson@seattleschools.org](mailto:kajohnson@seattleschools.org)

Scholarship packets are also available online at [www.seattlewea.org](http://www.seattlewea.org) Thank you.



**SCHOLARSHIP APPLICATION FORM**

Application must be typed to be considered (including this page).

1. **Full Name:** \_\_\_\_\_  
Last First Middle

2. **Home Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

3. Name of SAEOP Member you are related to (if applicable): \_\_\_\_\_

4. Contact Information - **Cell Number:** \_\_\_\_\_

5. **Email:** \_\_\_\_\_

6. Name of three higher educational institutions you have applied to:

Name of Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Institute: \_\_\_\_\_

Address: \_\_\_\_\_



**Judging Criteria:**

Applicants will be judged on neatness, spelling, punctuation, grammar, clarity of thought, and completeness of application. Please remember this is not a need-based scholarship. You are welcome to type your essay on page 6 of this application if you choose to submit electronically or you may print and mail your application.

**Applications must be postmarked by Friday, April 19, 2024.** Late applications will not be considered.

**Essay:**

- **In an essay of 300 words, answer one of the following questions:**

**Describe how your most meaningful achievement relates to your field of study and future goals.**

**Or:**

**What special attribute or accomplishment sets you apart from the other students and makes you a good candidate for this scholarship.**


**Include the word count at the end of your essay.**





**FACULTY RECOMMENDATION FORM**

**Candidate Name:** \_\_\_\_\_

I recommend this student for the Seattle Association of Educational Office Professionals Scholarship based on: (Please list attributes)

 School activities:

 Classroom work, attitude, etc.:

 Student's character:

---

Signature of Faculty Member

Date

---

Print Name

---


Name and Address of High School



**COUNSELORS RECOMMENDATION FORM**

Candidate Name \_\_\_\_\_

I recommend this student for the Seattle Association of Educational Office Professionals Scholarship based on: (Please list attributes)

 School activities:

 Classroom work, attitude, etc.:

 Student's character:

---

Signature of Counselor/Dean \_\_\_\_\_ Date \_\_\_\_\_

---

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

---

Name and Address of High School \_\_\_\_\_



**This page intentionally left blank**



**Scholarship Application Checklist**

- Application Form**
  
- Official Transcript**
  
- Essay**
  
- Counselors Recommendation form or letter of recommendation**
  
- Faculty Recommendation form or letter of recommendation**

Application packet must be typed and postmarked by **Friday, April 19, 2024**, to be considered.

Mail: Kathy Johnson  
Lafayette Elementary  
2645 California Ave SW  
Seattle, WA 98116

Or through intra-district school mail:  
Kathy Johnson  
SAEOP Scholarship Chair  
Lafayette Elementary  
MS: WO-239

Or e-mail: [kajohnson@seattleschools.org](mailto:kajohnson@seattleschools.org)

