

AEOE

Association of Educational Office Employees

Serving Los Angeles Unified School District Classified Personnel since 1928

P. O. Box 227186, Los Angeles, CA 90022

323.725.7266 Fax 323.725.6266

November 12, 2021

TO: AEOE Members

FROM: AEOE College Scholarship Committee

SUBJECT: 2021-2022 COLLEGE SCHOLARSHIPS
\$3,000 for Members, or member's Child or Grandchild

The Association of Educational Office Employees (AEOE) recognizes the continuing need for well-trained and qualified employees who want to go to college to pursue their career in an occupation of their choice. AEOE will award up to three (3) \$3,000 college scholarships to qualifying AEOE members, and/or their child or grandchild (up to 25 years of age).

You may visit our website for type-in forms: www.aeoe-lausd.org. These scholarships must be used within the year awarded.

Scholarship applicants should observe the following guidelines:

- All scholarship applicants must be interested in pursuing a professional goal or career advancement.
- Must attend a school within the continental United States, Including Alaska and Hawaii.
- All applications must be typed or legibly printed in black only. *Name must match transcript.*
- Selection will be based on 3.0 GPA or better and financial need.
- Attach sealed certified transcripts with senior grades posted. If you are an adult student, please attach a sealed certified transcript with your most recent grades posted.
- Proof of financial need must be included with application.
- Brief Statement about yourself and how you will use the scholarship (less than 200 words)
- All applicants must attach two (2) letters of recommendation from an administrator, teacher, or counselor. One of the required letters may be from a community leader or supervisor that will verify qualification. The letter should be no more than one page long, double spaced if typed written.
- Application packet must be complete with all items mailed together in order to be considered for a scholarship. Incomplete packets will be disqualified. **No faxes will be accepted.**
- Please return the completed scholarship application to AEOE P.O. Box 227186, Los Angeles CA 90022; postmarked by Friday, February 11, 2022, by U.S. mail with proper postage affixed.

If you have any questions, please call our office at 323.725.7266.

Attachments: Application Financial Statement Forms

COLLEGE SCHOLARSHIP APPLICATION
Postmark Deadline: Friday, February 11, 2022

Please check one: AEOE Member (at least 2 years) Member's Child* Grandchild*

Applicant's Name: _____ *Date of birth: _____

Street Address: _____ City _____ Zip Code _____

Telephone: (Home or Cell) _____ (Work or School) _____

School Attending: _____ Date of Graduation: _____

College Planning to Attend: _____

Major: _____

*AEOE Member Sponsor: _____ Employee # _____ Member since: _____

Please enclose with your scholarship application the following items in the following order:

- Completed AEOE scholarship application (this page)
- AEOE Financial Statement (attached)
- Proof of Income (provide two of the following documents):
2021 W-2 Form, 2021 Tax Return, or the last (3) months of 2021 pay stubs
- Two letters of recommendation
- Statement about yourself (200 words, double spaced) Font Size: 12 Margins: 1 inch
- Sealed certified transcript with senior grades posted

Signature of Applicant: _____ **Date:** _____

NOTE: Incomplete applications, applications without adequate postage and/or late submissions will be disqualified. No faxes allowed. Visit our website for type-in forms: www.aeoe-laUSD.org

PENDING Recognition will be presented to the recipients at our annual Awards Luncheon on Saturday, April 23, 2022 at the Quiet Cannon Restaurant.

If you have any questions, please call the AEOE Office at (323) 725-7266. Please return the completed scholarship application to:

ASSOCIATION OF EDUCATIONAL OFFICE EMPLOYEES
P. O. Box 227186
Los Angeles, California 90022

CURRENT FINANCIAL STATEMENT

POSTMARK DEADLINE: Friday, February 11, 2022

NAME OF APPLICANT: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

Complete this form to the best of your knowledge. Report the amount of current incomes for all members of your household, excluding foster children, before deductions: such as taxes and Social Security. (If you need more space, attach a separate page).

SOURCES OF INCOME (Please attach recent verification of specified income).	MONTHLY INCOME	GROSS INCOME For 2021
Earnings from work - Father	\$ _____	\$ _____
Earnings from work - Mother	\$ _____	\$ _____
Net income from self-employment	\$ _____	\$ _____
Social Security, welfare or public assistance	\$ _____	\$ _____
Pensions or annuities, employment compensations / disability insurance, worker's compensation insurance	\$ _____	\$ _____
Alimony / Child Support	\$ _____	\$ _____
Other (Dividends, interest, rental income, etc.)	\$ _____	\$ _____
Other adults in household contributing to family income.	\$ _____	\$ _____

TOTAL YEARLY INCOME \$ _____

Number of Adults in Household _____

Number of Children in Household _____

TOTAL HOUSEHOLD SIZE _____