KERN ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS 2017-2018 Scholarship Application

K.A.E.O.P.



Name:	Age:	
Address:	Telephone Number:	
Parent/Spouse Name:	Occupation:	
Employed By:		
admission:	universities or business schools where you have for	ormally applied for <u>Accepted</u> <u>Yes / No</u>
Proposed Major:		
List extra-curricular activities for school	and community (include athletics, music, and any og	ffices held, etc.):

List Academic Awards and/or Honors Received:				
Employment (last 3 years)				
Employer	Duties	Dates		
Please state reasons you need financial assistance:				
List additional information you feel would be of interest to the Scholarship Committee:				
PLEASE ATTACH FINANCIAL INFORMATION SUMMARY				
Signature:	Date:			

Please return Scholarship Application, Financial Summary and a <u>SEALED</u> official transcript by March 23, 2018.

Patty Shultz KAEOP Scholarship Chair 3107 Oak Place, Bakersfield, CA 93304 Cell - (661) 703-1404