



INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS

Wings Chapter Scholarship Application 2011-2012

APPLICANT INFORMATION				
Last Name	First	M.I.	Date	
Street Address				
City	State	Zip		
Phone	E-mail Address			
Who do you live with? (circle one)	Alone <input type="checkbox"/>	With Parents <input type="checkbox"/>	With Spouse <input type="checkbox"/>	Other - explain
Are you a High School student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what High School do you attend?	
Is your scholarship application being sponsored by an organization?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is the name of the organization?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

EDUCATION				
High School		Address		
From	To	Did you graduate? YES <input type="checkbox"/>	Grade Point Average	
College (If applicable)		Address		
From	To	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
GED	Date Earned	YES <input type="checkbox"/>		
From	To	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

EMPLOYMENT			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	

FINANCIAL ASSISTANCE			
Will you be receiving financial assistance from another source?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Amount?
From what source?			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I understand that false or misleading information in my application or interview may result in my being disqualified.	
I understand that I will enroll with an accredited university, college, junior college, community college, or technical/vocational school for the purposes of pursuing a professional business office career for the quarter/year for which the scholarship is assigned to me.	
I understand that this scholarship is to be utilized in furthering my career as an office professional. If these criteria are not met, I understand that the scholarship will be forfeited and must be returned to Wings Chapter, IAAP.	
Signature	Date

ON A SEPARATE SHEET OF PAPER, PLEASE GIVE INFORMATION REGARDING THE FOLLOWING:

- 1. ACHIEVEMENTS:** (List any academic, civic, or employment certificates and awards.)
- 2. COMMUNITY ACTIVITIES:** (List any church, school, or other volunteer activities.)
- 3. STATEMENT OF REQUEST:**
Enclose a *typed* sheet of 50 to 100 words stating your reasons for requesting this scholarship. Include any facts that should be considered, particularly those that establish financial need.
- 4. ESSAY:**
Compose a 300 to 500 word essay on why you have chosen a career as an office professional and what you plan to achieve in your career. The essay must be *typed*, double-spaced, and included with this application.
- 5. REFERENCES:**
Enclose two letters of recommendation on your behalf. These letters should attest to your personal, education, and/or employment accomplishments.
- 6. TRANSCRIPTS:**
Attach copies of transcripts or scores from high school, GED, or college, as applicable.

PLEASE RETURN TO:

**Wings Chapter IAAP, Attention: Scholarship Committee
P.O. Box 4012, Dayton, OH 45401-4012**