

JAN 08 2018

LINCOLN PUBLIC SCHOOLS ASSOCIATION OF OFFICE PROFESSIONALS

SCHOLARSHIP COVER LETTER

Dear Student:

The Lincoln Public Schools Association of Office Professionals (LPSAOP) offers a scholarship to any LPS high school senior or graduate interested in furthering their post-secondary education. You must plan on or currently be attending an institution of higher education in the state of Nebraska. The scholarship available is the Dianne Grieser Memorial Scholarship Award.

LPSAOP is comprised of office personnel working in the various Lincoln Public Schools and the LPS administration offices. Our organization promotes professionalism and continuing education to remain proficient in our work of serving the staff and students of LPS and their families.

The attached application should be filled out completely and submitted with a letter of application and two letters of recommendation from teachers or a teacher and a counselor. Please return the completed information to: Amy Chandler / Lincoln Public Schools Association of Office Professionals Scholarship Chair, c/o 6400 SW 25th Street, Lincoln, NE 68523 by Friday, March 9, 2018.

The scholarship committee will review and select the recipient at the executive board meeting in April. The recipient will be notified by mail and the scholarship will be awarded at the LPSAOP Spring Dinner in May.

Sincerely,

Amy Chandler, CEOE
Scholarship Committee Chairperson

LINCOLN PUBLIC SCHOOLS ASSOCIATION OF OFFICE PROFESSIONALS

SCHOLARSHIP APPLICATION

Lincoln Public Schools Association of Office Professionals (LPSAOP) offers a scholarship to be applied to any institution of higher education in the state of Nebraska. **The student must be graduating/or a graduate of a Lincoln Public High School.** The Dianne Grieser Memorial Scholarship is for \$1,300.00. A check equal to one half the scholarship total will be issued each semester to the institution verifying the recipient's enrollment. It is the responsibility of the recipient to submit the required information to the scholarship chair for payment. The recipient will have one year to use the scholarship funds.

It is important that each question be answered to the best of your knowledge and that all attachments are included with your application before forwarding to the Scholarship Committee Chair.

Name _____

Address _____

Telephone (____) _____ Soc. Sec. No. _____

Date of Birth _____ Birthplace _____ Female ____ Male ____

Father's Name _____ Address _____

Mother's Name _____ Address _____

Father's Occupation _____ Mother's Occupation _____

Number of parents' dependents (not including you) and their ages: _____

Are any dependents attending college? _____ How many? _____

Will your parents assist you financially in continuing your education? _____

Will you have any other assistance (social security benefits, etc.)? _____

Have you received any other scholarships? If so, please list and include the value:

Please check the range of your family's annual income:

_____ below \$15,000	_____ \$25,000 - \$29,999	_____ \$40,000 - \$44,999
_____ \$15,000 - \$19,999	_____ \$30,000 - \$34,999	_____ \$45,000 - \$49,999
_____ \$20,000 - \$24,999	_____ \$35,000 - 39,999	_____ \$50,000 - above

List any other family income: _____

List any other family/financial/personal adversity circumstances which should be considered:

I certify the above is true and correct.

Date _____

Signature of Applicant

Name and address of high school or college now attending: _____

Graduation date from high school or college: _____

What is your intended area of study? Name of school you plan to attend? _____

List school extra-curricular activities: _____

Academic awards or honors: _____

Community activities and/or work experience: _____

In a separate letter, explain why you qualify for this scholarship. Also include two letters of recommendation from teachers or one teacher and a school counselor.

CHECK LIST:

- 1. Completed application and letter from applicant.**
- 2. Two letters of recommendation from two teachers or a teacher and a school counselor.**
- 3. Your official grade transcript from the last grading period in sealed envelope.**

Please return the application and attachments to: Amy Chandler/ LPS Association of Office Professionals Scholarship Chair, c/o 6400 SW 25th Street, Lincoln, NE 68523 by **Friday, March 9, 2018**. The scholarship committee will review and select their recipients at the executive board meeting in April. The recipients will be notified by mail and the scholarships will be awarded at the LPSAOP Spring Dinner in May.

I certify the above is true and correct.

Signature of Applicant

Date _____