SCHOLARSHIP INFORMATION

History

The IAAP Scholarship, originally known as NSA scholarship, was created by the Girardot Chapter, National Secretaries Association*, Cape Girardeau, Missouri, in 1977, to assist a student enrolled in a secretarial program at Southeast Missouri State University. The scholarship resulted from a merger of the Esther Sander Fund, which had been set aside for student education, and monies that had accumulated over a period of years. The purpose of the scholarship is to aid a student enrolled in an administrative systems program at Southeast Missouri State University.

Requirements

The student must meet the following criteria of eligibility:

1. Be classified as an undergraduate.
2. Have completed one semester (12–15 hours).
3. Have a grade point average of 2.5 or better (A=4.0).
4. Have a financial need.
5. Be enrolled in an administrative systems program.

Selection

The University Scholarship Coordinator will receive applications and hold them in the Student Financial Services office. After March 1, the chairman of the IAAP Scholarship Committee will collect them and meet with the IAAP Scholarship Committee to determine the recipient.

Award

The money will be awarded for the fall semester each year.

The amount of the scholarship is to be determined each year by IAAP Girardot Chapter members in the spring.

The recipient may use the money to assist in defraying the cost of fees, room and board, or any university-related expense.

Notification

The IAAP Scholarship Committee Chairman will notify the recipient by letter before the beginning of the first semester, with a copy to Student Financial Aid Services. The name of the student will be reported to the President of the Girardot Chapter who will disseminate the information to chapter members. The student will be invited to meet with the membership at a regularly scheduled chapter meeting.

Deadline

Application deadline is March 1.

Applications should be secured from and returned to Student Financial Services, Room 123, Academic Hall, Southeast Missouri State University.

*Renamed Professional Secretaries International and then Renamed International Association of Administrative Professionals. Revised 10/01/01
SCHOLARSHIP APPLICATION

PERSONAL

Name of Applicant ___________________________ Social Security No. ___________________________

Local Address ___________________________ Telephone ___________________________

Home Address ___________________________ (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip) ___________________________

ACADEMIC

Total Hours Completed ___________________________ As Of ___________________________

Hours Presently Enrolled in ___________________________ Current GPA ___________________________ as of ___________________________

Names of other Colleges or Universities attended:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Degree and Major You Are Pursuing ___________________________ (Degree) ___________________________ (Major) ___________________________

Vocational Objective _________________________________________________________

________________________________________________________________________

________________________________________________________________________

ACTIVITIES ________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

OTHER  Present a brief statement why you should receive this scholarship.

________________________________________________________________________

________________________________________________________________________

I authorize the release of grades, hours completed, enrollment and financial information to members of the IAAP Girardot Chapter.

____________________
(Signature)