

INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS®
(IAAP®)
CITY CENTER CHAPTER
JOSEPHINE POPPLETON SCHOLARSHIP AWARD

Josephine Poppleton Scholarship Award Instruction/Checklist

It is very important that this packet of materials be completed as thoroughly and as soon as possible in order to meet the deadlines as set by the City Center Chapter.

This packet includes the following materials:

- Instructions/Checklist
- Application Form
- Secondary School Report
- Essay
- Biographical Questionnaire
- Two (2) Letters of Recommendation

Reminder – please be concise, yet thorough when answering all questions in your packet of materials. Typed responses to questions cannot be smaller than **12 point (this size)**.

Have you remembered to:

- Complete all necessary forms accurately.
- Make sure that the application has been signed where indicated by you, your parent/guardian, and a school official.
- Obtain two letters of recommendation from individuals knowledgeable enough about you, both academically and personally, to provide insight into your personal characteristics, abilities, achievements, motivation and potential. One of the letters must be from a teacher, guidance counselor or other school official. The second must be from someone with whom you have worked on a community or volunteer service activity, or an employer.
- Complete the biographical questionnaire. Please make certain that you read and sign the verification on this section.
- Complete the essay, limiting your response to 750 words or less. Your essay should be typed or printed using black ink. Be sure to use a typeface no smaller than **12 point (this size)**.

**INTERNATIONAL ASSOCIATION OF ADMINISTRATIVE PROFESSIONALS® (IAAP®)
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Application Form

Completed applications must be postmarked by the deadline of **Monday, March 10, 2014** and returned to:

**Brenda L. Mueller
IAAP City Center - JPSA Committee
923 Stratford Manor Drive
Brandon, FL 33510**

Selection Criteria

Selection of a winner is based on a number of factors, with special emphasis on each individual's character, personal merit, and background. Merit is demonstrated in a variety of ways: leadership in school, civic and other extracurricular activities, academic achievement, and motivation to serve and succeed in all endeavors.

The Deadline for Application is – Monday, March 10, 2014.

Finalists will be notified before April and must be available to be interviewed by a panel of judges. The winner will be invited to receive the award at the Administrative Professionals Day® luncheon on **Thursday, April 17, 2014.**

Eligibility:

A student may apply for the JPSA if he/she is:

- Current, full-time secondary school senior enrolled in a public, private, parochial or technical school.
- Planning to pursue an **administrative or business degree** at an accredited post-secondary institution.
- Anticipating graduation from high school in **June 2014.**

Certification:

Applicant

Important: Review this form and make certain you have responded accurately to all items.

I certify that all the statements made in this application form are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature _____ Date _____

Print Name _____

Counselor/Principal-Headmaster

I have reviewed the applicant's responses and certify that they are correct, insofar as the official school records indicate.

Signature: _____

Print Name: _____

School Name: _____

School Address: _____

School Phone: _____

Date: _____

Academic Information:

Note: Equivalent scores for three common grading systems are given. If your school uses a different system, please consult with your school counselor. Your application cannot be accurately evaluated if you omit this item: **If “A” is the highest grade in your school, consider it as choice 5 and adjust the other grades accordingly.**

Check the box that indicates your OFFICIAL cumulative grade-point average (not weighted) at the end of your junior year.

	<u>4-Point Scale</u>	<u>Letter Grade</u>	<u>Percent Grade</u>
<input type="checkbox"/>	3.00-3.24	B	83-86
<input type="checkbox"/>	3.25-3.49	B+	87-89
<input type="checkbox"/>	3.50-3.74	A-	90-92
<input type="checkbox"/>	3.75-3.89	A	93-96
<input type="checkbox"/>	3.90-4.00	A+	97-100

Indicate the type of curriculum for the courses you are currently taking (select only one).

- Honors or advanced placement
- College preparatory
- General/core studies

Class Rank (per the end of your junior year)

Enter your exact class rank at the end of your junior year _____

Note: If your school does not rank its students, ask your guidance counselor for an alternative, such as top 1%, top 2%, etc.

- Top 1% of class
- Top 2% of class
- Top 5% of class
- Top 10% of class
- Top 15% of class
- Top 20% of class

Enter the size of your entire senior class. _____

Type of School:

- Vocational / Technical
- Public
- Private
- Parochial

School Activities:

Check the box under each grade in which you were an elected or appointed officer, or in which you participated as a member.

Grade
10 11 12

Student Council

President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Class Officer

President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Honor Society

President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

School Newspaper

Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistant Editor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business Manager	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff / Coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

National Beta Club

President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Key/Rotary/Service Club

President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vice President	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secretary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treasurer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Member	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please List Other School and Classroom Club Memberships (not listed above) - Senior year only

.....

.....

.....

.....

State/National Awards and Honors:

Indicate the names of awards/honors received each year at the state and national level (for example, Girl's/Boy's State Delegate, National Merit Semifinalist). Enter the totals below:

Name of Award / Honor	Grade		
	10	11	12
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Awards _____

City/School Awards and Honors:

Indicate the names of awards/honors received each year at the school and local level (for example, 4-H, Athletic Award). Enter the totals below:

Name of Award / Honor	Grade		
	10	11	12
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Number of Awards _____

Athletics – List team sports you have participated in during your 10, 11 and 12 grades.

Sport: _____	Grade		
	10	11	12
Captain / Co-Captain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport: _____			
Captain / Co-Captain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sport: _____			
Captain / Co-Captain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letter Awards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Community and Volunteer Activities:

List your volunteer hours, per organization, during junior and senior years.

Indicate the names of community organizations to which you have belonged since September of your sophomore year (for example, Scouts, multi-cultural organizations, church youth group, and list them below).

Organization Names	Grade		
	10	11	12
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total All Years _____

Employment Activities:

Please list the paying jobs you have had (including summer employment) within the last three years:

Job/Type of Work	Employer	Dates	Hrs Worked per Week
.....			
.....			
.....			
.....			
.....			

TELL US YOUR THOUGHTS. Be concise. Limit your responses to the space provided. Do not submit attachments.

1. Do you consider yourself to be a leader? Why or why not?

2. Tell us about your favorite community service activity and why it is important to you.

3. Many people have influenced and mentored you throughout your young life. Describe the person who has impacted your life the most and how it has changed you.

4. Briefly state your plans as they relate to your anticipated educational and career objectives.

Verification: _____

I verify that all statements made are true and correct to the best of my knowledge and are made in good faith.

Waiver: _____

I hereby authorize the school and principal to release pertinent transcripts to IAAP-City Center Chapter for judging. I hereby authorize International Association of Administrative Professionals® to use promotional materials for publicity, reproduction or sale (including but not limited to, photos, videotapes, quotes, written material) submitted in connection with my application for the JPS Award.

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SECONDARY SCHOOL REPORT

Student Name _____
 First Middle Last

FAMILY AUTHORIZATION:

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, a school must obtain authorization prior to releasing student information to others.

Permission is hereby given to school officials to release the undersigned's high school information for consideration in the Josephine Poppleton Scholarship Award

Student signature _____ Date _____

Parent or legal guardian signature _____ Date _____

*****THE FOLLOWING SECTION TO BE COMPLETED BY A SCHOOL OFFICIAL*****

NOTE TO SCHOOL OFFICIAL: The above-named student is an applicant in the IAAP-City Center Chapter Scholarship Program. A certified transcript of the student's academic record for grades 10 through 12 is required.

School _____

City _____ State _____ Zip Code _____

Phone _____

School official's name _____

STUDENT PROFILE

1. Student's class rank _____ (Rank) _____ Class Size _____
 If you do not rank, please estimate percentile-ranking _____

2. Student's grade point average (GPA), based on _____ semesters.

VERIFICATION OF STUDENT'S SCHOOL RELATED AND COMMUNITY ACTIVITIES

I verify that the information pertaining to the school and community activities submitted by the applicant is true and correct.

Signature of School Official: _____

Printed Name of School Official: _____

Title of School Official: _____ Date: _____

Attach Certified Transcript of Grades HERE

Lack of a transcript will render the student ineligible for the scholarship competition.

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ESSAY

Name: _____

School _____

City, State: _____

Your essay should demonstrate style, depth of knowledge and individuality. Please limit your response to 750 words or less. The essay should be typed and in black ink, but should not utilize a print size smaller than **12 point (this size)**.

VERIFICATION:

I verify that the following essay is my own work.

Signature: _____ Date: _____

TOPIC: We have many who are seeking this \$1,000 scholarship to further their education. Tell us what sets you apart from the other applicants.

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BIOGRAPHICAL QUESTIONNAIRE

Application deadline: Monday, March 10, 2014

The following questions are designed to learn more about you. Your answers to these questions will be used only in connection with your application for the JPSA and will be kept confidential.

Note: The **selection** of scholarship recipients is influenced by the completeness of replies. However, please limit your answers to the space provided. Do not use a font smaller than **12 point (this size)**.

A. APPLICANT

1. Legal Name in Full: _____ Gender M / F

2. Permanent Home Address: _____

City/State: _____ Zip Code: _____

3. Telephone: _____ 4. Date of Birth: _____

5. Fax: _____ 6. Email address: _____

7. How do you describe yourself? Optional (Mark only one).

- American Indian or Alaskan Native
- Black or African American
- Asian, Asian American or Pacific Islander
- Caucasian
- Hispanic (Mexican American, Chicano, Latin American, South American, Central American, Puerto Rican or other Hispanic)
- Other (Please specify) _____

8. Citizenship (Mark only one)

- US Citizen
- US National
- US Permanent Resident
- Temporary Resident
- Canadian Citizen
- Other (explain) _____

B. YOUR FAMILY

1. Please enter complete information about your parents below.

	Father / Male Guardian	Mother / Female Guardian
Name of Parent:		
Occupation / Title:		
Employer / Company:		
Highest Level of Education:		

2. Do you live with both parents? _____ yes _____ no

If no, please enter the name of the parent or guardian with whom you live:

3. Do you have siblings? _____ yes _____ no

If yes, how many and age?

Number of Brothers ____ Age(s) _____ Number of Sisters _____ Age(s) _____

4. What was your parents' approximate combined income; or if a single parent, that parent's income before taxes last year? Include taxable and nontaxable income from all sources. (Mark only one.)

- Less than \$10,000
- Approximately \$10,000- \$ 29,000
- Approximately \$30,000- \$ 49,000
- Approximately \$40,000- \$ 59,000
- Approximately \$60,000- \$ 75,000
- More than \$75,000

C. EDUCATIONAL BACKGROUND AND ACTIVITIES

1. List the schools that you have attended in the last three years. Please list them in order of attendance, with the most recent first:

School Name	City / State	Dates Attended

2. List any advanced or special courses, dual enrollment, or summer courses you have taken that *are not* reflected in your school records. Please list the most recent course or program first:

Course or Program	Name of School, City / State	Dates Attended	Hours per Week

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LETTERS OF RECOMMENDATION

Please submit **two** letters of recommendation to accompany the student's application. These letters can be from an individual of the student's choice who is either

- ❑ A teacher, guidance counselor or other school official
- ❑ An individual the student knows well through church, a family friend, a person the student has worked with on a volunteer service activity or an employer.