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Certificate of Affiliation

This is to certify that

University of Nebraska Office Personnel Association

is affiliated with the

National Association of Educational Office Professionals

2006-2007

Glaria C. Disolate, CEOF

President

Fam Hosey CFOF

Advisory Council & Affiliations Chairman

Nebraska Educational Office Professionals Association (NEOPA) 2006-2007 Affiliation Form

Please fill out this form to help us serve you better. There is no fee to affiliate with NEOPA.

Local Assoca LPSAC OEOPA SEOPA UNOPA WEOP Other (p	DP A A A		
President's		Meeting Day, Time, &	2 nd Tues, 11:45-
	Donelle Moormeier	Frequency:	1:00, Septeber-May
President's	dmoormeier1@unl.edu		v.unl.edu/unopa/
Association Address:	PO Box 880541	City & Zip Code: Linc	oln NE 68588-0541
Phone Number	402-472-2069	Number of Activ Members Last Y	re
President-			
elect's		President-	
Name:	Gretchen Walker	elect's Email:	gwalker1@unl.edu
PSP Chair's Name:	Jeanne Andelt	PSP Chair's Email:	jandelt@unInotes.u nl.edu
Provide Publiciz Provide Provide	PA help your association? a speaker for a meeting e your event information about the Profess ate in new officer installation blease explain below)		

Please return this form by email to:

Christine Cary, CEOE NEOPA Membership Director ccary2@unl.edu

NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS



Allied with

American Association of School Administrators

Affiliated with

National Association of Elementary School Principals

Endorsed by

National Association of Secondary School Principals National School Boards Association

Mission:

The mission of the National Association of Educational Office Professionals (NAEOP), the only national professional association for educational office personnel, is to provide professional growth opportunities, leadership, and service for employees in education through a specifically-designed certification program, quality training, a network for sharing information and ideas, recognition of achievements, and fellowship.

2006-2007

TO:

Affiliate President

FROM:

Pam Posey, CEOE

Affiliations & Advisory Council Chairman

Thank you for renewing your affiliation with NAEOP. By doing so, you demonstrate your dedication to the growth and professionalism of your members.

The materials contained in this affiliate renewal packet are to assist your association in utilizing all the privileges of affiliation. Please look over the enclosed materials carefully. If you have any questions or comments, contact the chairman of the committee or the national office. The phone and fax numbers, and email addresses of all committee chairmen appear quarterly in the NES Connector.

As president, your responsibility is to share this information with the members of your association. The NAEOP Board of Directors wants to keep the membership informed; however, we need your help in doing so. Please share the enclosed applications and entry forms. They can also be accessed online for printing, by using the links provided, or contact the national office for files to be emailed.

- Marion T. Wood Student Scholarship http://www.naeop.org/award_forms/StudentScholar.pdf
- Louise Henderson Nelson Award http://www.naeop.org/award_forms/LHNAwa2.pdf
- National Educational Administrator of the Year Award http://www.naeop.org/award_forms/AdmofY2.pdf
- Olive T. Ritchie Educational Office Professional of the Year Award http://www.naeop.org/award_forms/OPofYr2.pdf
- Rachel Maynard Award for Excellence in Communication http://www.naeop.org/award_forms/RMAward2.pdf
- Past Presidents Council's Web Site Award http://www.naeop.org/award_forms/WebSiteAward.pdf

As a reminder, watch deadline dates closely so your association does not miss out on the privileges of affiliation.

Also included in this packet are:

- Certificate of Affiliation
- Professional Development Program brochure
- Camera Ready art for use in your newsletter/magazine
- Career Awareness/Bosses Week proclamations
- Networking Survey
- PSP Survey

We encourage you to utilize all the privileges of affiliation. Please nominate and support people for the various awards and scholarships available through **YOUR** national association. We look forward to serving you.

P.O. BOX 12619 WICHITA, KS 67277-2619 PHONE: 316 • 942 • 4822 FAX: 316 • 942 • 7100 EMAIL: naeop@naeop.org

NATIONAL ASSOCIATION OF EDUCATIONAL OFFICE PROFESSIONALS

APPLICATION FOR AFFILIATION

1. Please type all information.

- Affiliation year is August 1 to July 31. Affiliation is \$25 plus 10 cents per member for each local member of the preceding year. New associations will pay \$25 plus 10 cents per charter member.
- 3. Associations with local membership of 20 or less are required to have an elected officer and one additional person as NAEOP members to affiliate. Associations with a local membership between 20 and 50 are required to have an elected officer and two additional NAEOP members to affiliate, Associations with a local membership over 50 are required to have an elected officer and three additional NAEOP members to affiliate.

Name of Association			_Total Association Members
Association Website address		2/4/	
Affiliation is New <u></u> Renewal			
President	1000 18 P	Term of Office	NAEOP Member #
Address	City	State	Zip+4
E-Mail/Internet Address	100 mm 100 m 100 mm 100 mm	78 Nagaga	
Felephone Home ()	<u> </u>	<u> </u>	_ Fax () </
President-Elect	10107	Term of Office	NAEOP Member#
Address	City	State	Zip+4
E-Mail/Internet Address	en e		
elephone Home ()	Work (🔻)	****	_Fax ()
IOTE: The new information will be sent to Other NAEOP members in the associ	F18.1111.0311.		
NOTE: The new information will be sent to Other NAEOP members in the associ NAEOP Member # Name (include s	ation (to meet affiliation requirementate or local office held)	ts in #3 above): Address (include city,	state and ZIP)
OTE: The new information will be sent to Other NAEOP members in the associ IAEOP Member # Name (include s ALL FEES MUST B association Fee \$2 association Members x 10 cents/=	ation (to meet affiliation requirementate or local office held) E PAID IN U.S. DOLLARS 25.00	ts in #3 above): Address (include city, send all copies with affil IAEOP, PO Box 12619,	state and ZIP) iation fee to: Wichita, KS 67277-2619
OTE: The new information will be sent to Other NAEOP members in the associ IAEOP Member # Name (include s ALL FEES MUST B association Fee \$ association Members x 10 cents = 1 otal Amount Enclosed	ation (to meet affiliation requirementate or local office held) E PAID IN U.S. DOLLARS 25.00	ts in #3 above): Address (include city,	state and ZIP) iation fee to: Wichita, KS 67277-2619
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ALL FEES MUST B Association Fee Association Members x 10 cents = 1 otal Amount Enclosed Name of Association Newsletter Alame of Editor City Name of PSP Chairman	ation (to meet affiliation requirementate or local office held) E PAID IN U.S. DOLLARS 25.00 II A Z Trect to the best of our knowledge.	ts in #3 above): Address (include city, send all copies with affil IAEOP, PO Box 12619, new affiliate, attach of ddress State	state and ZIP) iation fee to: Wichita, KS 67277-2619 copy of Bylaws.

NAEOP AFFILIATES

Help spread the word, the NAEOP Foundation offers scholarships!

Marion T. Wood Member Scholarship

This is awarded each year to office professionals who apply and are selected. There are two scholarships awarded each year in the amount of \$1000 per scholarship.

Must be a member three years prior to the awarding of this scholarship and pursuing a Professional Standards Program (PSP) Certificate or having attained the CEOE distinction, pursuing a college degree.

* * * * * * * * *

Mona Smith Member Dependent Scholarship

This is a \$1,000 scholarship
The member whose dependent is applying must be an active member of NAEOP.

Applications included and available from the NAEOP Office

Marion T. Wood Member Scholarship

Please read carefully and follow the GUIDELINES

MUST be postmarked by March 15 and mailed to:

NAEOP Educational Foundation, Inc. PO Box 12619 Wichita KS 67277-2619

NAEOP Educational Foundation, Inc. PO Box 12619 • Wichita KS 67277-2619

MARION T. WOOD MEMBER SCHOLARSHIP GUIDELINES

The Marion T. Wood Member Scholarship was established to assist members of the National Association of Educational Office Professionals who are pursuing a Professional Standards Program (PSP) Certificate, the Certified Educational Office Employee (CEOE) designation, or, having attained the CEOE distinction, a member who is pursuing a college degree. This scholarship is named in honor of Dr. Marion T. Wood, educational consultant to the NAEOP Board of Directors.

INFORMATION

- Scholarship(s) will be awarded by NAEOP Educational Foundation, Inc. to recipient(s) determined
 by the Marion T. Wood Member Scholarship Committee. The committee consists of the President
 of the NAEOP Educational Foundation, and two members elected at the annual business meeting.
 Elected members will serve a one-year term. The Foundation President will appoint the chair of
 the committee annually.
- 2. The Marion T. Wood Member Scholarship is awarded directly to the recipient to assist with tuition and/or other related educational expenses.
- 3. The maximum value of the scholarship(s) monies is \$1000.
- 4. More than one scholarship may be approved during a fiscal year provided funds are available.
- 5. No scholarship(s) will be awarded if the scholarship committee concludes that no applicant met the specified qualifications.
- 6. For winners, this scholarship is a one-time only award. Members (non-winners) are eligible to apply for a scholarship as many times as they desire.

APPLICATION

An application will be considered complete when the following items have been received by NAEOP:

- 1. Application for scholarship must be on the appropriate form provided by the Foundation. Application must be keyboard generated and completed.
- 2. Transcript(s) of previous academic performance. (NOTE: If not available, a high school diploma OR a GED certificate OR a notarized statement of completion of high school requirements from an appropriate official of the institution.)
- 3. A copy of verification reflecting (a) tuition/fees; and (b) a description of courses for which scholarship is requested.
- 4. Statement of career goals and financial need.

NOTE: Failure to submit all requested information and to follow all guidelines will result in disqualification. No exceptions will be made.

CANDIDATE ELIGIBILITY CRITERIA

- 1. Applicant must be a current member of NAEOP and must have been a member for three years immediately preceding the date of the scholarship application deadline.
- Applicant must either hold or have made application for a Professional Standards Program certificate.
- 3. Applicant must be enrolled in an institution of higher education (two- or four-year college, university, business college/school, or vocational/technical education).
- 4. Applicant must have at least a 2.8 (of a possible 4.0) GPA.

SELECTION CRITERIA

A rating system of 100 points shall be used in determining the scholarship recipient(s).

- 1. Maximum of 30 points will be awarded for participation and leadership positions in local and/or state associations of educational office personnel and in NAEOP.
- 2. Maximum of 30 points will be awarded for statement of need.
- 3. Maximum of 15 points will be awarded for academic performance (attach transcript).
- 4. Maximum of 10 points will be awarded for nearness to completion of degree or work toward a PSP certificate.
- 5. Maximum of 10 points will be awarded for participation and leadership positions in other professional job-related associations.
- 6. Maximum of 5 points will be awarded for completeness and neatness of application.

AWARDS DISBURSEMENT

1. Upon receiving the Acceptance Form along with a copy of the receipt for enrollment fee(s), the award will be mailed to the recipient(s) providing the recipient's NAEOP membership is current.

Send completed application to:

NAEOP Educational Foundation, Inc. Member Scholarship Chairman P. O. Box 12619 Wichita KS 67277-2619

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

NAEOP Educational Foundation, Inc. P. O. Box 12619 • Wichita KS 67277-2619

MARION T. WOOD MEMBER SCHOLARSHIP APPLICATION

(Form must be keyboard generated; no handwritten applications accepted)

Phone: ()		
Name of Applicant:		
Address:	City/ST/ZIP	
FAX:	E-mail:	
Educational institution	on attending/planning to attend:	
Degree pursuing (if a	applicable):	
Projected date of com	npletion for degree:	
	ester applicant is enrolled/plans to enroll:	
Title(s) of course(s) for	or which scholarship is requested:	
	of academic performance (may be a student copy). Also at ge describing course(s) from school catalog. If pursuing a degree, /degree plan.	
NAEOP membership	o from to present.	
	ertificate(s)? If so which certificate(s)	
	eive PSP certificate:	
ASSOCIATION PAI ten years): (Attachme	RTICIPATION (elected office, committee chair, committees ser	ved within the pas
LOCAL:	Year	Year
STATE:		
NATIONAL:		

OTHER PROFESSIO	DNAL JOB-RELATED ASSOCIATION PARTICIPATION:	

Revised 07/06

Application - Page 2 Form must be keyboard generated (no handwritten applications accepted)

STATEMENT: Write a brief statement about your career goals and financial need.

Signature of Applicant:	Date:
Name of Employer:	
School/College/University (Employer):	
	Home ()
FAX	E-mail
*Name of Local Affiliate:	
Address:	
	Home ()
FAX ()	E-mail
	formation. Endorsement or approval by the local or state lected your local affiliate will be notified. If you do not have or notification.

MAIL COMPLETED APPLICATION FORM TO:
NAEOP Educational Foundation, Inc.
P. O. Box 12619
Wichita KS 67277-2619
APPLICATION MUST BE POSTMARKED BY MARCH 15

MARION T. WOOD MEMBER SCHOLARSHIP

APPLICATION CHECKLIST

Have you includ	ed:	
	1.	Completed application forms
	2.	Transcript(s) OR a. High school diploma OR b. GED certificate OR c. Statement of completion of high school requirements
,	3.	Verification of tuition and/or fees
***************************************	4.	Copy of course description OR course requirements for a degree plan
	5.	Statement of goals and financial need

MAIL COMPLETED APPLICATION TO:

NAEOP Educational Foundation, Inc. P. O. Box 12619 Wichita, KS 67277-2619

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

You are encouraged to send your application by Certified Mail to ensure delivery.

Mona Smith Member Dependent Scholarship

Please read carefully and follow the GUIDELINES

MUST be postmarked by March 15 and mailed to:

NAEOP Educational Foundation, Inc. PO Box 12619 Wichita KS 67277-2619

PO Box 12619 • Wichita KS 67277-2619 • 316-942-4822 • FAX 316-942-7100

MONA SMITH MEMBER DEPENDENT SCHOLARSHIP GUIDELINES

This scholarship is a one time award for the winner. Only applicants who have not received this award may apply. It is valued at \$1,000. One scholarship will be awarded.

This is an undergraduate program scholarship available for dependents of active, life, or retired members, who are a current member and must have held membership for three years immediately preceding the date of scholarship application deadline. A dependent is defined as anyone qualified to be claimed under Internal Revenue Service tax guidelines.

The student must enroll in an accredited college or university. (Minimum of twelve semester hours.)

Application forms for the scholarship are available from the NAEOP Educational Foundation, Inc. Form must be completed and postmarked by March 15.

To qualify, applicant must:

- 1. Have a high school diploma or equivalent, or be enrolled in an accredited college or university.
- 2. Complete the required application and provide:
 - a. Biographical information
 - b. Official transcript (high school if graduating senior or equivalent, or transcript of work completed at college or university.)
 - c. three (3) letters of recommendation
- 3. Application Forms must be keyboard generated. **No handwritten application accepted.**

The NAEOP Educational Foundation Scholarship Committee will select the scholarship winner. Applicants will be notified of the committee's decision by July 1.

The scholarship stipend will be mailed to the recipient prior to the beginning of the semester/year for which the scholarship is awarded.

NOTE: Failure to submit all requested information and to follow all guidelines will result in disqualification. No exceptions will be made.

MAIL COMPLETED APPLICATION FORM TO:

NAEOP EDUCATIONAL FOUNDATION, INC. PO BOX 12619 WICHITA KS 67277-2619

NAEOP Educational Foundation, Inc. Mona Smith Member Dependent Scholarship BIOGRAPHICAL INFORMATION

(Form must be keyboard generated (no handwritten applications accepted)

1.	Legal Guardian's Na	ame								
	Address	_	First		Middle		L	ast	`	
	Ci Fax	•		State Address: _	Zip				<i>J</i> Home Ph	one
2.	Number of dependen	nts (exc	luding you) nar	nes, ages, a	ınd school atter	nding:				
	Name			Age	2	***************************************	Scho	ol		
	·									
3.	Your career plans:			(Attach es	sav to Applicatio	on Form	<u> </u>			
4.	Will your legal guard	lian(s) a	assist you financ	cially in cor	ntinuing your e	ducati	on? 🖸 Ye	es	□ No	
	If yes, how much ado	litional	assistance do y	ou fee you	will need to co	ntinue	your educa	ition?		
5.	Please check the rang	ge of yo	ur family's annı	aal income:						
	☐ below \$15,000		\$20-24,999	□ \$3	30-34,999		\$40-44,999	9		\$50,000~above
	\$15-19,999		\$25-29,999	□ \$3	35-39,999		\$45-49,999	9		
6.	List any other family,	/financ	ial circumstance	es which sh	iould be consid	lered.				
I ce	ertify the above inform Sign		o be true and cor	rrect.				Γ.	Date	
			ECEIVED BY NA	AEOP FOU	INDATION OF	FICE _				

Mona Smith Member Dependent Scholarship APPLICATION FORM

(Form must be keyboard generated (no handwritten applications accepted)

MEMBER INFORMAT	TON						
Name		Member	ship Number				
AddressStreet/PC						***************************************	
Street/PC) Box			City	Sta	ite	ZIP
hone: Office ()		Home ())	Fax ()		
-mail Address:				· · · · · · · · · · · · · · · · · · ·			
CANDIDATE INFORM	MATION						
ate of Application							
. Full Name	·				Date of Bir	th	
First		Middle		Last			
Address	City		State	ZIP	(<u>)</u> Ho	ome Pho	ne
Last G.P.A.				uation Date			
List school extracurricula	ır activities, inc	luding athletics	, music, etc.	and any offices	held:		
Academic Awards and H	Ionors:						

NAEOP Educational Foundation, Inc. Mona Smith Member Dependent Scholarship

APPLICATION CHECKLIST

Have you include	d:	
	1.	Completed application forms
	2.	Biographical Data
	3.	Essay of career goals
	4.	Transcript(s) OR
		a. High school diploma OR GED certificateb. College courses taken
	5.	Letters (3) of recommendation

Send completed application to:

NAEOP Educational Foundation, Inc. Mona Smith Scholarship Chairman P. O. Box 12619 Wichita, KS 67277-2619

APPLICATION MUST BE POSTMARKED NO LATER THAN MARCH 15

You are encouraged to send your application by Certified Mail to ensure delivery.