



KSDE Association of Educational Office Professionals Professional Learning Scholarship Application

Applicant Name: _____
First Name Last Name Date:

Position Title: _____

_____ Division/Team Phone Email

Title of Learning Activity: _____

Date of Learning Activity: _____ Cost: _____

Is any financial assistance being provided? Yes No If yes, explain: _____

Supervisor's approval for activity (if occurring during work hours): Yes No If no, explain: _____

As you write your essay, please include responses to the following questions. Please limit your essay to one page.

- 1) How will this training build upon your professional goals?
- 2) How will the training enhance your current position?
- 3) How do you plan to share the knowledge you've obtained from the training?

AEOP MEMBERS ONLY: Please list your AEOP participation during the last 12 months on a separate sheet and attach to application (committees, offices held, fundraisers, etc.).

By signing below I certify that the information stated above is true and accurate to the best of my knowledge.

Signature of Applicant

Date

Return completed application to:

Juanita Anderson
Career, Standards, and Assessment Services
janderson@ksde.org (785)296-1130

FOR SCHOLARSHIP COMMITTEE USE ONLY. DO NOT WRITE BELOW THIS LINE.

Date Received: _____ Award Date: _____ Decision: _____

Attendance verified: Yes No