

## CAPEDS HIGH SCHOOL SCHOLARSHIP GUIDELINES

The Capital Area Association of Educational Office Professionals is pleased to offer scholarships to all high school seniors. Students must apply for admission to a post high school accredited institution and plan to enter the term following the granting of the scholarship. **Five \$1,000.00** scholarships will be offered: One to an exceptional student with an A or above GPA; one to a B or C student who appears to have sincerity and drive; and one to a student entering community college or a business or trade school. **Two additional “Ed Fong Memorial Scholarship”** in the amount of **\$1,000.00** each will also be awarded.

Scholarship awards will be based on the following criteria:

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| • Need for assistance                              | 40% |
| • Scholastic Achievement                           | 30% |
| • Extra-curricular activities                      | 20% |
| • Quality and completeness of application material | 10% |

*The scholarships will be awarded to students in the Sacramento City Unified School district attending district supported high schools and district supported charter high schools.*

Applicants shall submit a completed application form, and official transcript and two letters of recommendation to be received or postmarked by Friday May 1, 2009 to:

**Cindy Kilby**  
**CAPEDS Scholarship Committee**  
**8739 Merribrook Drive**  
**Sacramento, CA 95826**

**Telephone: (916) 643-9291 or 383-4442**

Email: [cindyki@sac-city.k12.ca.us](mailto:cindyki@sac-city.k12.ca.us)

- Letters of Recommendation requirements: One letter, written/typed on official school letterhead, must be from a principal, counselor or other administrator describing the applicant’s activities, leadership record, character, personality, initiative, and home background. The second letter, written/typed on official letterhead, must be from someone other than a CAPEDS member, relative, or school/education related individual (such as a minister, work supervisor, or community leader.)
- Provide an essay about yourself, your goals and the reason you need this scholarship.
- Transcript requirements: Enclose with application an official high school transcript which includes class rank. Copies are not acceptable.

Questions regarding the scholarship and application process may be directed to Cindy Kilby at 643-9291. Candidates will be notified of the scholarship awards by May 20, 2009.

## HIGH SCHOOL SCHOLARSHIP APPLICATION FORM

Please read the guidelines and this entire application prior to completing the information requested. **PLEASE TYPE OR PRINT CLEARLY** this application and any supporting documents. For additional space, use an 8 ½ x 11 sheet of paper and attach to this application.

The Capital Area Association of Educational Office Professionals (CAPEDS) High School Scholarships will be awarded to a graduating high school senior who plans to continue his/her education.

A transcript of all course work completed to date, which shows the class rank and which is verified by the registrar of your school must be included with this application.

APPLICANT NAME:

\_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER ( ) \_\_\_\_\_

NAME OF FATHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

APPROXIMATE ANNUAL SALARY \_\_\_\_\_

NAME OF MOTHER/GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYED BY \_\_\_\_\_

APPROXIMATE ANNUAL SALARY \_\_\_\_\_

NUMBER OF CHILDREN LIVING AT HOME \_\_\_\_\_

NUMBER OF CHILDREN ATTENDING COLLEGE \_\_\_\_\_

APPLICANT'S PROPOSED MAJOR \_\_\_\_\_

LIST IN ORDER OF PREFERENCE THE COLLEGES, UNIVERSITIES OR BUSINESS OR TRADE SCHOOLS WHERE YOU HAVE FORMALLY APPLIED ADMISSION:

Name of Institution Accepted

Address

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PLEASE STATE THE REASON WHY YOU NEED FINANCIAL ASSISTANCE:

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LIST SCHOOL AND COMMUNITY EXTRA-CURRICULAR ACTIVITIES, INCLUDING ATHLETICS, MUSIC, AS WELL AS ANY OFFICES HELD:

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LIST ACADEMIC AWARDS OR HONORS RECEIVED:

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PLEASE PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL WOULD BE OF INTEREST TO THE SCHOLARSHIP COMMITTEE:

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CERTIFICATION

I, the undersigned, hereby make application for the CAPEDS High School Scholarship and certify that:

1. All the information, submitted is true and correct.
2. I will use any funds received from CAPEDS only for the purpose of paying expenses for my college education.
3. I will notify CAPEDS immediately if there should be any interruption in my plans for continuing my education this coming year.

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Signature

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Date

**Mail application and all related materials to:  
Cindy Kilby, CAPEDS Scholarship Committee  
8739 Merribrook Drive  
Sacramento, CA 95826**

**Postmarked by May 1, 2009**