





2020 Scholarship Application

Please Read the Following Instructions

The person applying for the scholarship must complete the two-page application form and mail it, along with any attachments, to the address noted below. Please mail your completed form and other required information as early as possible. IOPFDA must receive all documents by March 2, 2020. All documents may also be emailed in one PDF to info@iopfda.org.

In addition to completing the two-page application, the following is required:

- 1. A transcript of grades, credits, and rank in class through and including the first/fall semester of your senior year (high school applicants) or all transcripts covering a minimum of the previous two scholastic years (applicants now in college).
- 2. A letter of recommendation from a person employed by a NOPA or OFDA member firm. This person may be related to you. See question #2 on the application form.

IMPORTANT: All Materials Must Arrive by March 2, 2020

Please type in or use a black ball point pen. If you need more space to answer a question, use a separate sheet of paper. Be sure your name appears on all attachments, particularly on anything mailed to the association separate from the application.

What are NOPA and OFDA?

National Office Products Alliance (NOPA) and Office Furniture Dealers Alliance (OFDA) are sister associations that comprise IOPFDA and represent over 1,500 office products and furniture dealers and their trading partners. Our members supply the tools and services for the office, the nerve center of the world's industries. From the office comes information that leads to decisions and directives that keep the world's entire economy in motion. Annually, we offer scholarship applications to deserving students of office products and office furniture dealers.

Who Can Apply?

Any person who is an employee or immediate relative to an employee of a current association member firm may apply. Membership status will be verified. Candidates must have graduated from high school or its equivalent before July 1 of the year in which they would use the scholarship. They must have an academic record sufficient to be accepted by an accredited college, junior college or technical institute. Students already in college or graduate school are also eligible to apply.

The Judging

Judging is done by a financial aid professional from a major Washington, D.C. university. This professional takes into consideration academic success, interest, special abilities, financial need and other factors in arriving at an independent decision regarding scholarship recipients. All applicants will be notified in August 2020 whether or not they have been awarded a scholarship.

APPLICATION REQUIREMENTS:

- 1. Submit all information by March 2, 2020
- 2. Sign the application in appropriate sections (#15 and bottom of the last page)
- 3. Have your parents/guardians (if applicable) sign the financial section (#15)
- 4. Include all transcripts (#4 or #5)
- 5. Include a letter of recommendation. (#2A)
- 6. Be an employee or immediate relative of an employee of a current association member firm.

We recommend sending via certified mail or other method that will verify receipt of application. Applicant should retain a copy of the completed application and attachments for their records. Applications and transcripts must be mailed or emailed to IOPFDA. <u>Faxed copies will not be accepted.</u>

The Independent Office Products and Furniture Dealers Association 2020 Scholarship Application should be sent to:

IOPFDA Scholarship 3601 East Joppa Road Baltimore, MD 21234

OR

Email all documents in <u>one</u> PDF to info@iopfda.org



Applicant Information (Print Legibly):





2020 Scholarship Application

Mr./ Ms.	Last	First	N	/liddle	Age
Street		City		State	Zip
Telephone	Alternate Phone		Email		
Please give the name of daughter, stepson, or stepson.	f the firm and person through which you epdaughter).	qualify and state your relation	enship to employee (i.e., sor	n, daughter, niece, nephe	<i>N</i> , grandson, grand-
Firm		Employee		Rela	ationship
Firm Address (Street, City,	State, Zip)				
2. Give the names of two p	people as references. Reference "A" mus	st be an association member	(may be related to you from	m the sponsoring firm).	
A. Association member	er reference: (Include a letter of recon	nmendation)			
Name		Title		Firm	
Contact Number	Email				
B. General reference:					
	Name		Relationship (i.e. teacher, neighbor)		
Title	Contact Numbe	r	Email		
	720 scholarship, you must graduate fi CCHOOL INFORMATON SECTION IF YOU A				
High School you attend(ed	d)	City	State	Gr	aduation Date
4. List your SAT and/or AC SAT	T Scores, Class Ranking, and G.P.A.: ACT				
Verbal:	English:		Rank in Class:	of	
Math:	Math:		Grade Point Average:		
Writing:			☐ High School Transc	ripts Enclosed	
Combined Total:	ACT Composite:		☐ Transcripts will be s	ent to arrive by March 2, 202	.0.
5. If you know where you v	vill be attending college, please include	the information below:			
Name of College		W	hen do you enroll	Major or degree	sought
COLLEGE STUDENT INF	ORMATION:				
6. □ Last Semester Colleg	e Transcripts Enclosed 📮 Tran	scripts will be sent to arrive t	pefore March 2, 2020.		
7. What college are you cu	irrently attending?				
	for the Fall Semester starting September	er 2020? 🗆 Sophomore 🗅	Junior □ Senior □ Post (Graduate	
	egree sought:				
10. Have you made a care	· ·				
•	choice:				
, 22, , 24, 34, 34, 30,					

Please list the information for sections 11-14 on a separate sheet of paper, typed single-spaced and submit the paper with this application. If you have a resumé that includes the information below, that can be submitted.
 List any academic honors you have received. If presently working, provide name and address of your employer and your job title. Give a brief description of your work experience, partitime or fullitime. Please provide additional information on your education, experience, achievements or goals that you would like considered.
15. Financial Information
Because the association scholarship is based partially on financial need, it is essential that you provide the following information. This information is kept confidential. Note: If you are financially independent of your parents, it is not required that they supply financial information.

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	Income (Yearly)	Employer(s)	Title/Job
Applicant			
Father			
Mother			
Other Guardian			
Other Family Income			

	lı lı	ncome (Yearly)	Employer(s)	Title/Jo	b
Applicant					
Father					
Mother					
Other Guardian					
Other Family Income					
/e certify these figures to	be a complete and accurate re	port of our total famil	y income.		
pplicant (signature)		Father/Guardia	an (signature)	Mother/Guardian (signature)	
	s, if applicable, or additional de		only if parents filled out question #1		
	Name	· · · · · · · · · · · · · · · · · · ·	Age	Relationship to Applic	
	Nume		ngu	Relationship to Applic	- Carre
Expense	Estimated Co	sts	listed for your first choice	Estimated Resou	rces
Tuition			Parents/Guardians	Estimated Resou	rces
Room			Your Savings		
Board			Your Earnings		
Books			Social security or Veterans		
Transportation			Benefits		
Other (explain)			Institutional Financial Aid	-1-)	
Other (explain)			(scholarships, grants, loans) Federal or State Aid	, etc.)	
	of paper, list any other information				
	Applicant Signature			Date	
Take a moment to check t disqualified.	he list below before sending ap	plication to IOPFDA.	If any part of the application is not co	ompleted by March 2, 2020, the applica	ant wil
	tion letter.	mation box.			

☐ Requested transcripts from school to be mailed to IOPFDA.