



SOROPTIMIST®
Investing in Dreams

Soroptimist of Hamilton
Awards Committee
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Scholarship/Awards Application

Completed application, financial information form, a copy of school transcripts, and two letters of reference must be received or postmarked by January 31.

You are eligible to apply for this award if:

- You want to better your life through additional schooling and skills training
- You are currently enrolled or have been accepted to a vocational or academic program
- You demonstrate financial need
- Your actions and goals demonstrate a commitment to improving the lives of women and/or girls

Additionally, each award has specific requirements. Check each of the awards you would like to be considered for and be sure you meet those requirements. You will be considered for all eligible awards with just one application.

Spark the Future Scholarship – You are a woman seeking to expand your education and improve your life.

Options Award – You are 50 years of age or older as of January 31.

Edwards Charitable Foundation – You are 40 years of age or older as of January 31. This includes vocational to advanced degrees and certifications.

Patti Furniss Award – You are currently attending, or have been accepted to attend classes at Bitterroot College or Bitterroot Valley Community College.

Trina Petersen Pro-Tech Award – You are currently attending or have been accepted into a vocational, technical, certification or training program.

Part 1: Identifying Information

Name: _____
Last, First

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Part 2: Educational Program Information

Name of Program or School: _____

Program or Degree: _____

Address: _____

Have you been accepted? Yes No

If you answered "No," please provide an explanation:

Contact Person (to verify acceptance and/or current enrollment:

Name: _____

Phone #: _____ Email: _____

Program Costs: Tuition: _____ Books: _____ Materials: _____

How do you plan to pay for expenses that exceed this award?

In the space below, briefly describe your educational objective:

Part 3: Educational Background

High School or GED/HISET: _____ Date: _____

College/Training: _____ Date: _____

College/Training: _____ Date: _____

College/Training: _____ Date: _____

Part 4: Employment History (up to three years)

1. Employer: _____

Position/Job Title: _____

Dates Employed: _____

Contact name and phone/Email: _____

2. Employer: _____

Position/Job Title: _____

Dates Employed: _____

Contact name and phone/Email: _____

3. Employer: _____

Position/Job Title: _____

Dates Employed: _____

Contact name and phone/Email: _____

Part 5: Volunteering and Community Involvement

Organization: _____ Dates: _____

Your position and duties: _____

Organization: _____ Dates: _____

Your position and duties: _____

Organization: _____ Dates: _____

Your position and duties: _____

Part 6: Your story

In the space below, please describe your career goals related to this training/education:

In the space below, please describe your reason for needing this financial assistance and how you will use the award:

In the space below, please tell us about yourself, your dreams, obstacles you have overcome, where you see your path leading you, and what educating yourself can do to improve your current situation:

In the space below, briefly describe how receiving this training or education will support your actions and goals to improve the lives of women and/or girls:

Agreement:

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of Hamilton if there are any changes.
- I understand this award may be taxable in the United States.
- I understand that my application and supporting materials become the property of Soroptimist International of Hamilton upon submission, and that Soroptimist International of Hamilton shall have sole discretion in using these materials for the purpose of publicizing the club's award and scholarship program.

By typing/signing my name below, I agree to adhere to the above requirements:

Signature: _____ Date: _____

Soroptimist International of Hamilton Scholarship Application Financial Disclosure form

Name: _____ Date: _____

Financial Information: Soroptimist of Hamilton award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can, rounding to the nearest dollar.

A. INCOME: Please list your TOTAL ANNUAL household income and savings (from the money you have left after taxes) in the chart below. Include your spouse or partner's income.

Employment: \$ _____ per year	Government Assistance: \$ _____ per year
Social Security: \$ _____ per year	Child Support: \$ _____ per year
Alimony: \$ _____ per year	Scholarships/Grants: \$ _____ per year
Please list any additional income:	
Source: _____	\$ _____ per year
Source: _____	\$ _____ per year
TOTAL ANNUAL INCOME: \$ _____	

B. EXPENSES: Please list your TOTAL ANNUAL household expenses in the chart below.

Housing: \$ _____ per year	Utilities: \$ _____ per year
Food: \$ _____ per year	Medical: \$ _____ per year
Childcare: \$ _____ per year	Transportation: \$ _____ per year
Tuition: \$ _____ per year	Books: \$ _____ per year
Student Loans: \$ _____ per year	Other Loans: \$ _____ per year
Health Insurance: \$ _____ per year	
Please list any additional expenses:	
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
TOTAL ANNUAL EXPENSES: \$ _____	