



SOROPTIMIST[®]
Investing in Dreams

Soroptimist of Hamilton
Awards Committee
PO Box 1012
Hamilton, MT 59840
sihamiltonawards@gmail.com

Fellowship Award Application

Completed application, financial information form, a copy of college transcript(s) and two letters of reference must be postmarked *by January 31, 2024*. **You are eligible to apply for this award if:**

- You currently have a Bachelor's or Master's Degree
- You have a worthwhile plan to return for an advanced degree or advanced certification
- Your actions and goals demonstrate a commitment to improving the lives of women and/or girls

Part 1: Tell us who you are

Name _____
Last, First MI

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email address _____

Part 2: Educational Background

University/College Attended _____

Major _____ Degree _____ Year _____

University/College Attended _____

Major _____ Degree _____ Year _____

Part 3: Educational Objective (350 words or less)

Part 4: Employment History

Current Employment: I am not currently employed

1. Employer: _____

Position/Job Duties: _____

Dates Employed: _____

2. Employer: _____

Position/Job Duties: _____

Dates Employed _____

3. Employer: _____

Position/Job Duties: _____

Dates Employed _____

Part 5: Personal Achievements and Activities

Honors and Awards Received:

| |
|--|
| |
|--|

Extra-Curricular, Interests and Leisure Activities:

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|--|
| |
|--|

Civic Activities and Volunteering

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Briefly describe how receiving this money will support your actions and goals to improve the lives of women and/or girls:

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|--|
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|--|

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 certify that this is the only application I have made this year for a Soroptimist Award from this or any other Soroptimist club.
- 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 our name below, you adhere to the above requirements.

Date: _____



Financial Information Form

Name _____ Date _____
Last, First MI

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.

A. Income: Please list your **ANNUAL** household income and savings (after taxes) below. Include your spouse or partner's income:

| | | | |
|---------------------|----------|-----------------------|----------|
| Employment | \$ _____ | Government Assistance | \$ _____ |
| Savings | \$ _____ | Social Security | \$ _____ |
| Child Support | \$ _____ | Alimony | \$ _____ |
| Scholarships/Grants | \$ _____ | | |

Please list any additional income:

Source: _____ \$ _____

Source: _____ \$ _____

TOTAL ANNUAL INCOME: _____

B. EXPENSES: Please list your **ANNUAL** household expenses below

| | | | |
|------------------|----------|----------------|----------|
| Housing | \$ _____ | Utilities | \$ _____ |
| Food | \$ _____ | Medical | \$ _____ |
| Child Care | \$ _____ | Transportation | \$ _____ |
| Tuition | \$ _____ | Books | \$ _____ |
| Student Loans | \$ _____ | Other Loans | \$ _____ |
| Health Insurance | \$ _____ | Alimony | \$ _____ |

Please list any additional expenses:

Source: _____ \$ _____

Source: _____ \$ _____

TOTAL ANNUAL EXPENSES: _____