



**SOROPTIMIST<sup>®</sup>**  
**Investing in Dreams**

Soroptimist of Hamilton  
Awards Committee  
PO Box 1012  
Hamilton, MT 59840  
[sihamiltonawards@gmail.com](mailto: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. 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:

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Extra-Curricular, Interests and Leisure Activities:

--

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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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:** \_\_\_\_\_