



SOROPTIMIST[®]
Investing in Dreams

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

Violet Richardson Award Application

Completed application and two letters of reference must be postmarked by **February 28, 2022**

You are eligible to apply for this award if:

- You are 13-18 years old as of February 28, 2022
- You volunteer in activities that make your community and the world a better place

Part 1: Tell us who you are

Name _____
Last, First MI

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Part 2: Where do you volunteer?

Organization: _____

Position/Role and Duties: _____

Dates: _____

Contact Person: _____

Part 3: Your Story

In the space provided, please provide an essay describing where you volunteer and why. Describe the goals of the organization and its impact on the problem(s) it addresses. What is your role in the organization? What have you accomplished as a volunteer?

Additional Materials (Optional): Please feel free to submit any supporting materials that you think we should see. Examples include newspaper articles and photographs. These materials are optional and do not replace the two references that are required. Please make sure your name and phone number are on all additional materials you submit.

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.

Applicant _____ Date: _____

Parent or Guardian _____