



SOROPTIMIST®
Investing in Dreams

Soroptimist of Hamilton
Awards Committee
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Hamilton, MT 59840
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Soroptimist International of Hamilton
Scholarship/Awards Application

General requirements for qualification:

- You are currently enrolled or have been accepted into a vocational or undergraduate program
- Your actions and goals demonstrate a commitment to improving the lives of women and/or girls
- You demonstrate financial need

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

Options Award

- You are 50 years of age or older

Edwards Charitable Trust Award

- You are 40 years of age or older

Patti Furniss Award

- You are currently attending or have been accepted to attend classes at Bitterroot College

Trina Petersen Pro-Tech Award

- You are currently attending or have been accepted into a *vocational, technical, certification or training* program

Spark the Future Award

- You are currently enrolled or have been accepted to an undergraduate program.

Part 1: Tell us who you are

Name _____
Last, First MI

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Part 2: Educational Program Information:

Education Institution _____

Name of Program _____

Address _____

Phone _____

Contact Person _____
Name Phone Email

Costs: Tuition \$ _____ Books \$ _____ Materials \$ _____

Room and Board \$ _____ Monthly Semester or Session

Other (Specify) \$ _____

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

Have you applied for or been awarded other grants/scholarships to pay for this training:

Yes No

If "Yes," please describe:

Part 3: Employment History

Current Employment: I am not currently employed

1. Employer: _____

Position/Job Duties: _____

Dates Employed: _____

2. Employer: _____

Position/Job Duties: _____

Dates Employed _____

Part 4: Volunteer and Community Involvement

1. Organization: _____

Position/Role and Duties: _____

Dates: _____

2. Organization: _____

Position/Role and Duties: _____

Dates: _____

3. Organization: _____

Position/Role and Duties: _____

Dates: _____

Part 5: Your Story

Please describe your career goals related to this training:

Please describe your reason for needing this financial assistance and how you will use the award:

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

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 would do to improve your current situation.

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: _____