



SOROPTIMIST

Best for Women®

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

Options Award Application

Completed application, financial information form, and two letters of reference must be postmarked *by January 31, 2021.*

You are eligible to apply for this award if:

- ☐ You are 50 years or older.
- ☐ You want to better your life through additional schooling and skills training.
- ☐ You are currently enrolled or been accepted to a vocational or undergraduate program.
- ☐ You are the primary financial support for your family.
- ☐ Your actions and goals demonstrate a commitment to improving the lives of women and/or girls.

Part 1:

Name _____
Last First Middle Initial

Date of Birth _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Email Address _____

Part 2: Vocational or Undergraduate Program Information:

Name of Program: _____

Address: _____

Phone # of Place of Training: _____

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

Name: _____

Phone and/or email address: _____

Cost of Training: Tuition _____ Books _____ Materials _____

Room and Board _____ 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: ☐ No, I am not currently employed ☐ Yes, information listed below

1. Employer: _____

Position/Job Duties: _____

Dates Employed: _____

2. Employer: _____

Position/Job Duties: _____

Dates Employed: _____

3. Employer: _____

Position/Job Duties: _____

Dates Employed: _____

Part 4: Volunteer and Community Involvement:

Organization: _____ When _____

Your Position/Role and Duties: _____

Organization: _____ When _____

Your Position/Role and Duties: _____

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:

In 350 words or less, 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.

Briefly describe how receiving this training or education will support your actions and goals to improve the lives of women 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 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 your name below, you adhere to the above requirements:

Signature _____ Date _____