

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*, 2021.

| You are eligible to apply for this  | s award if:                 |                                 |
|---|-----------------------------|---------------------------------|
| ☐ You currently have a Ba   | achelor's or Master's Degre | e                               |
| ☐ You have a worthwhile plan to return for an advanced degree or advanced certification |                             |                                 |
|   | demonstrate a commitment    | to improving the lives of women |
| and/or girls  |                             |                                 |
| Part 1: Tell us who you are   |                             |                                 |
| Name Last First MI  |                             |                                 |
| 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:  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Civic Activities and Volunteering  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Briefly describe how receiving this money will support your actions and goals to improve the |  |  |
| lives of women and/or girls:   |  |  |
| gino.  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## 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, yo | u adhere to the above requirements. |
|--------------------------------------|-------------------------------------|
|                                      |                                     |
|                                      |                                     |
| Date:                                |                                     |