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

Woman Veteran 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 a woman who is an active duty service member or veteran or the spouse of an active duty service member/veteran; includes reservists.

□You are currently attending or have been accepted to an educational or training program.

□ 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 _____

Branch of Service_____ Dates of Service____ _____

Part 2: Educational/Training 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 this 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 money 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_____