



S O R O P T I M I S T

Best for Women®

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

### Violet Richardson Award Application

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

**You are eligible to apply for this award if:**

- ☐ You are 13-18 years old.
- ☐ You volunteer in activities that make your community and the world a better place.

**Part 1:**

Name \_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

**Part 2: Where do you volunteer?**

Name of Organization \_\_\_\_\_

Contact Person at Organization \_\_\_\_\_

Phone Number for Organization \_\_\_\_\_

**Part 3: Your Story**

Please provide an essay, **350 words or less**, 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 clippings, 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 your name below, you adhere to the above requirements:

Signature of Applicant\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_