



# SOROPTIMIST

Best for Women®

Soroptimist of Hamilton  
Awards Committee  
P.O. Box 1012  
Hamilton, MT 59840  
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Name \_\_\_\_\_

Date \_\_\_\_\_

**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 (from the money you have left after taxes) in the chart below. **Include your spouse or partner's income:**

Employment: \$ _____ per year	Government Assistance: \$ _____ per year
Savings: \$ _____ per year	Social Security: \$ _____ per year
Child Support: \$ _____ per year	Alimony: \$ _____ per year
Scholarships/Grants: \$ _____ per year	
Please list any additional income:	
Source: _____	\$ _____ per year
Source: _____	\$ _____ per year
TOTAL ANNUAL INCOME: \$ _____	

- B. **EXPENSES:** Please list your ANNUAL household expenses in the chart below:

Housing: \$ _____ per year	Utilities: \$ _____ per year
Food: \$ _____ per year	Medical: \$ _____ per year
Childcare: \$ _____ per year	Transportation: \$ _____ per year
Tuition: \$ _____ per year	Books: \$ _____ per year
Student Loans: \$ _____ per year	Other Loans: \$ _____ per year
Health Insurance: \$ _____ per year	
Please list any additional expenses.	
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
TOTAL ANNUAL EXPENSES: \$ _____	