

Soroptimist International of Auburn

Vocational Scholarship Application

Please complete the application by typing or printing neatly in pen

(Attach an additional sheet if needed)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please **type** or **print** your answers. If application is illegible it will be returned to you. | | | | | | |
| 1. | Last Name: | | | | First Name: | |
| 2. | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | | |
| 3. | Daytime Telephone Number: ( ) | | | | | |
| 4. | Date of Birth: Month Day Year | | | | | |
| 5. | Current High School: Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Your most recent **official** school transcript required. | | | | | Number of years attended: |
| 6. | I will be attending the following school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Proof of acceptance or current student enrollment from the above school is **required prior to receipt of funds.** | | | | | |
| 7. | When do you plan to enroll? | | | | | |
| 8. | What is the length of the program? | | | | | |
| 9. | What specialty/major do you plan to major in as you continue your education? | | | | | |
| 10. | List expenses you expect to incur per semester or quarter: (Approximate figures acceptable) . | | | | | |
|  | A. | | | Tuition: Amount: $ | | |
| B. | | | Books: Amount: $ | | |
| C. | | | Other expenses: Amount: $ Describe below under comments | | |
| D. | | | Other expenses: Amount: $ Describe below under comments | | |
| Comments: | | | | | | |
|  | | | | | | |
|  | | | | | | |
| 11. | | List other financial assistance you will receive per semester or quarter: | | | | |
|  | | A. | Personal: Amount: $ | | | |
| B. | Other Scholarship(s): Amount: $Describe below under comments | | | |
| C. | Grants: Amount: $ “ | | | |
| C. | Student Loan(s): Amount: $ “ | | | |
| Comments: | | | | | | |
|  | | | | | | |
|  | | | | | | |

**Use an additional sheet if you need more room to list financial information**

|  |  |
| --- | --- |
| 12. | What are your educational and professional goals and objectives? |
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|  |  |
| --- | --- |
| 13. | List your community service activities, hobbies, outside interests, and extracurricular activities: |
|  | |
| |  |  |  |  | | --- | --- | --- | --- | | 14. | A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.  B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have attached each item as required. | | | |  | YES | NO | **Two (2) letters of recommendation.** Return these completed forms in a sealed envelope from your teachers or professors. | | YES | NO | **Proof of college acceptance or current student enrollment.** A letter of college acceptance or program acceptance is required for receipt of funds. | | YES | NO | **Most recent official high school transcript.** Photocopies of your transcript are **not acceptable**. | | |

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Foundation’s scholarship program.

I hereby understand that if chosen as a scholarship winner, according to Soroptimist International of Auburn Vocational Scholarship policy, I must provide evidence of enrollment/registration before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

### REMEMBER

The deadline for this application to be received by the Scholarship Committee is **March 1,2012 5:00 p.m.** **No exceptions! Mail to SIA at P.O. Box 4817, Auburn CA 95604 or email to april.nova@gmail.com**