

Soroptimist International of Friday Harbor

“Educational Opportunity Award” Application

(Note: Applications and two references must be received or postmarked by January 12, 2018)

Part 1: Basic Information

Name (first, middle, last): _____

Address (number and street address): _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____

Highest level of education achieved: _____ From where: _____

Date highest level of education completed: _____

Part 2: What are your educational and career goals?

1. What is the name of the school or training program you are attending or have been accepted into?
2. What are you studying? (example: Bachelor of Science nursing degree or computer science certificate)
3. When do you expect to complete your studies (month and year)?
4. Are you working while you are getting your education (yes or no)?
 - a. If yes, where and how many hours per week?
5. In 300 words or less, please tell us about your career goals, and give specific information about how your education and training support these goals. (Please use a separate sheet of paper as necessary to submit your answer.)

Part 3: Financial Information

The Educational Opportunity Award recipient will be chosen in part based on financial need. Please share information about your annual income and expenses. Please be as specific as you can.

A. Income: Please list your ANNUAL household income and savings below:

Employment: \$_____per year Government Assistance: \$_____per year

Savings: \$_____per year Social Security (U.S. only):\$_____per year

Child Support: \$_____per year Loans: \$_____per year

Alimony: \$_____per year Scholarships: \$_____per year

Please list any additional income; including income other household members receive.

Source: _____ \$_____per year

Source: _____ \$_____per year

Source: _____ \$_____per year

TOTAL ANNUAL INCOME: \$_____per year

B: Expenses: Please list your ANNUAL household expenses 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

Please list any additional expenses.

Expense: _____ \$_____per year

Expense: _____ \$_____per year

Expense: _____ \$_____per year

TOTAL ANNUAL EXPENSES: \$_____per year

Part 4: Tell us more about yourself.

The Educational Opportunity Award was developed to financially assist a woman in San Juan County to achieve her educational and career goals. Applicants for this award must be enrolled in, or accepted into, an undergraduate degree or vocational skills training program, including on-line study programs. Consideration for this award will be given in part based upon financial need, as well as upon the applicant's overall life situation. When determining who will receive this award, we will take into account things such as your goals and how you are working toward achieving them, your commitment to your education, your past challenges and successes, and anything else you feel is important for us to be aware of.

In this section, you have the opportunity to tell us more about yourself. In 750 words or less, please let us know how this award would benefit you, and why you feel you are a good applicant for it. Feel free to include any information about yourself that you think is pertinent for us to know.

(Please use a separate sheet of paper as necessary to submit your answer.)

Send completed application and two completed reference forms to: Soroptimist International of Friday Harbor, PO Box 2856, Friday Harbor, WA, 98250, Attention: Diana Sibert