

SOROPTIMIST®

Investing in Dreams

Soroptimist International of Friday Harbor

2024 SOROPTIMIST FELLOWSHIP AWARD Reference Form

Thank you for agreeing to provide a reference for ______, who is an applicant for the 2024 Soroptimist International of Friday Harbor Fellowship Award.

ELIGIBILITY FOR THE \$3000 FELLOWSHIP AWARD:

- Woman resident of San Juan County;
- Established in business or one of the professions;
- Conducts her business or practices her profession competently and according to the ethical standards thereof;
- Holds a Bachelor's or Master's Degree from an accredited college or university;
- Presents a plan for worthwhile post-graduate study at an accredited college or university for an advanced degree, and
- Provides such other information as the Fellowship Committee may deem necessary.

NOTE: Soroptimists, their immediate family members, and previous recipients of Soroptimist monetary awards are not eligible to apply.

Send application and two (2) references to:

Soroptimist International of Friday Harbor

P.O. Box 2856

Friday Harbor, WA 98250

Attention: Educational Opportunity Award Chairperson

or Email to: sifrib4w@gmail.com

Completed applications and references must be emailed or postmarked by

FEBRUARY 16, 2024

Please use your personal knowledge of the applicant to respond to the following questions:

Please rate the candidate in the following strengths.	areas, base	ed upon you	ır knowledge	of her ach	ievements	and
	Strongly Disagree (1)	Mostly Disagree (2)	Somewhat Agree (3)	Mostly Agree (4)	Strongly Agree (5)	Don' Knov
A. The applicant has clear goals.						
3. The applicant is motivated to reach these goals.						
C. The applicant is competent and ethical in her business or professional practice.						
D. The applicant is an inspiration to others.						
Please tell us what you believe to be the a professional life. If you can, give example			-	r personal	, education	al, or

4. What is your knowledge of the applicant's currer these plans? Consider any barriers or difficulties	nt educational plans and her progress toward achieving s she has overcome.
5. Is there any additional information we should kn	ow about this applicant in regard to this award program?
Completed By:	
Your Name:	Date:
Organization:	
Title:	
Address:	
Telephone Number: Ema	il:

We sincerely thank you for providing this reference for the Fellowship Award.