



P. O. Box 848
Havre de Grace, Maryland 21078

TO: School Counselor
FROM: Soroptimist International of Havre de Grace Scholarship Committee

SUBJECT: Scholarship awards eligible for female students graduating for Cecil of Harford County Public Schools or attending Cecil or Harford County Community Colleges in 2024.

Deadline: Applications must be received by Monday, April 1, 2024

STUDENT NAME: _____

PARENT / GUARDIAN NAME: _____

RESIDENT ADDRESS: _____

STUDENT PHONE Cell: _____ Home: _____

PARENT/GUARDIAN PHONE Cell: _____ Home: _____

STUDENT EMAIL: _____

HIGH SCHOOL: _____

COLLEGE(S)/TRADE SCHOOL PLANNING TO ATTEND and/or ACCEPTED: _____

PLANNED MAJOR or AREA OF STUDY: _____

APPLICANT REQUESTS CONSIDERATION FOR THE FOLLOWING SCHOLARSHIPS:

(Select All That Apply)

- | | |
|---------------------------------------|--|
| Elva Boyle Scholarship | Soroptimist International of HDG Scholarship |
| Kay Mike Scholarship | Peter Hart Community College Scholarship |
| Nursing Community College Scholarship | |

REQUIRED DOCUMENTATION:

- Copy of high school transcript including GPA of 2.5 or higher
 - Two written letters of recommendation from educator, employer, religious or civic leader
 - Completed pages 1 - 3 of this application
- If an applicant is pursuing an arts or photography degree, the application must be accompanied by a portfolio.

SUBMIT CORRESPONDANCE TO:

Soroptimist International of Havre de Grace Scholarship Committee
P.O. BOX 848 Havre de Grace, MD 21078
or
Email to: ScholarshipSIHDG@gmail.com

Soroptimist International of Havre de Grace Scholarship Committee's

SCHOLARSHIP APPLICATION

Applicant Name: _____ High School: _____

1. Please tell us about your family and/or guardians. (Number of people, etc.)

2. What is your reason for seeking this scholarship and how would this award benefit your educational goals?

**Soroptimist International of Havre de Grace Scholarship Committee's
SCHOLARSHIP APPLICATION**

Applicant Name: _____ High School: _____

3. **A.** Have you applied for or received other scholarships? Yes _____ No _____

B. If yes, please list award(s) and amount(s).

4. What are your future educational and career goals? (If you are pursuing a degree in graphic design or fine arts, please submit a sample of your portfolio.)

**Soroptimist International of Havre de Grace Scholarship Committee's
SCHOLARSHIP APPLICATION**

Applicant Name: _____ High School: _____

5. What are your special interests and activities? (Include school, civic, religious, and extra-curricular, as well as any part-time employment.)

6. REQUIRED DOCUMENTATION:

- Submit 2 letters of recommendation/reference from an educator, employer, religious or civic leader familiar with you and your primary area of study or special interests.

DISCLAIMER: Family members of Soroptimist International of Havre de Grace members are **not** eligible to apply for this scholarship.

•STUDENT SIGNATURE:

DATE:

**Soroptimist International of Havre de Grace Scholarship Committee's
KAY MIKE SCHOLARSHIP APPLICATION ESSAY**

Applicant Name: _____ High School: _____

Enter your essay here. **ONLY Kay Mike applicants are required to submit an essay.**

"Please write a brief essay to tell us how you plan to make an impact in your community once you have accomplished your educational goals."

Kay Mike Application Essay (Continued, If Needed)

STUDENT SIGNATURE:

DATE: