

Soroptimist Violet Richardson Award Application

It's What **You** Do That Counts!

Are you a young woman between the ages of 14 and 18 who volunteers in your community or school? Who sees challenges instead of obstacles? Hope instead of despair? If you are a young woman who believes in the power of volunteer action, then you may be eligible to win a Soroptimist Violet Richardson Award.

The Violet Richardson Award recognizes young women who make the community and world a better place through volunteer efforts such as: fighting drugs, crime and violence; cleaning up the environment; and working to end discrimination and poverty. Volunteer actions that benefit women or girls are of particular interest.

Soroptimist is an organization of women whose members volunteer in their communities, often working on the same problems that you do. Although we realize that volunteering is its own reward, we also know it feels good to be recognized for your actions. And that's why we sponsor this award.

*The Soroptimist Violet Richardson Award Program recognizes and rewards
YOUR VOLUNTEER SERVICES*

If you think you would make a good Violet Richardson Award candidate, please complete this application, and tell us about your volunteer actions. *Good luck! And, even if you don't win a Violet Richardson Award, we applaud your efforts to make your community and the world a better place.*

Soroptimist Violet Richardson Award Application Instructions: Deadline: December 15th
Completed applications and any supporting materials must be received by the deadline date. **NOTE:** Soroptimists, Soroptimist employees and the immediate families of both are ineligible, as are previous Violet Richardson Award winners. Applications submitted directly to Soroptimist headquarters will not be considered.

Step 1: Determine your eligibility. Eligible applicants are young women who:

- are currently between the ages of 14 and 18
- have demonstrated initiative in both identifying a problem and trying to solve it
- have had significant and noteworthy accomplishments as volunteers

Step 2: Complete the application

Step 3: Email your application and supporting documentation to Pat Wedenko, pwedenko@aol.com or you may phone (443)987-8592 for additional information.

Mail your application with any supporting materials to:

Soroptimist International of Havre de Grace
Attn: Violet Richardson Committee
P.O. Box 848 Havre de Grace Maryland 21078

Soroptimist Violet Richardson Award Application

General Information:

Name: _____
(Last) (First) (Middle Initial)

Date of Birth: _____(DD/MM/YYYY)

Email Address: _____

Address: _____
(Number and Street)

City: _____ State: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Name of the organization where you volunteer:

Phone number: _____

Contact Name: _____

Submit Your Essay

In the space provided on page 3, write an essay, up to 750 words.

- Tell us where you volunteer and why.
- Describe the goals of the organization and its impact on the problem(s) it addresses.
- What is your role in the organization?
- What have you accomplished as a volunteer?
- Additional Materials (Optional)

Please feel free to submit any supporting materials that you think we should see (for example, newspaper clippings, photographs, etc.).

Additional materials are optional. Make sure that your name and phone number are on all additional materials.

Provide Your Essay Here:

Agreement:

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the Soroptimist International of Havre de Grace if there are any changes.
- I understand this award is taxable in the United States.
- I certify that this is the only application I have made this year for a Soroptimist International of Havre de Grace Violet Richardson Award.
- I understand that my application and supporting materials become the property of Soroptimist International of Havre de Grace, Maryland 21078 upon submission, and that SI HDG shall have sole discretion in using these materials for the purpose of publicizing the Violet Richardson Award program.

By typing your name below, you adhere to the above requirements.

Signature of Applicant: _____ Date : _____

Signature of Parent or Guardian: _____ Date: _____

By signing this application, you give permission for your daughter to apply for the Violet Richardson Award.

Soroptimist Media Consent Form

I hereby grant permission to Soroptimist International of the Americas (SIA)/Founder Region and/or its clubs to use my name, likeness and/or voice for all publicity purposes and in any media format. Media formats include but are not limited to newspapers, magazines, television, radio, film, photographs, social media, and the internet. Soroptimist International of Havre de Grace, Maryland 21078 shall retain all rights to said materials.

Name: (Print) _____ If applicant is under 18 years of age:

Parent/Guardian Name (print)_____

Parent/Guardian Signature:_____

Date: _____

Address: _____ City: _____ State:_____ Zip Code:_____

Phone: _____ Email: _____

Witness Signature: _____ Date: _____

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