



Attention: For two young women who will graduate in June of this year from a West Contra Costa County High School and will be attending College in the fall.

*Soroptimist International of Richmond
Scholarship Application*

The Soroptimist International Club of Richmond is proud to offer scholarships to young women who will graduate in June of this year from a West Contra Costa County High School, who will attend a 2-year or 4-year college in the fall of this year, and who meets the requirements below.

Each applicant must comply with the following requirements:

1. **Show proof of US Citizenship with either Birth Certificate or Passport--Drivers License not acceptable.**
2. Have a minimum of 2.5 GPA in core curriculum subjects throughout 4 years of high school.
3. Demonstrate active participation in extra-curricular activities, especially in community service activities.
4. Verify financial need by completing the Financial Information Form included with this application.
5. Provide an up-to-date high school transcript that includes your most recent SAT scores.
6. Provide 1 Letter of recommendation from an adult who knows you well, but is NOT related to you, and can describe your qualifications for this scholarship.
7. Send your completed **Email Application** to Janis McNair at: janismcn@aol.com
For questions, you may call Janis at 510-236-5316.

All Email Applications must be received **by the submission deadline.** Sorry, late applications will not be considered. Please make sure that your application packet has either a copy of a Birth Certificate or Passport and contains all the required signatures. Applications will be disqualified if they do not comply with all of the requirements listed above.

Your name (please print):

Email Address: _____

Address:

City: _____ Zip _____

Home Phone: (_____) _____ Cell Phone (_____) _____

High School you attend?

Are you an emancipated minor? No Yes

Your parent's/guardian's name (please print) unless you are an emancipated minor:

Parent's/Guardian's work phone: (_____) _____

Home Phone: (_____) _____

What colleges/universities have you applied to?

Have you been accepted to any college or university? Yes No. If yes, which one(s)?

List the extra-curricular activities (including sports & service activities) you have participated in during high school.

Student's signature:

_____ Date _____

Parent's/Guardian's signature (unless you are an emancipated minor):

_____ Date: _____

Write an essay (no more than 500 words) on a separate page that addresses the following:

As a young woman about to leave high school to attend college and enter adulthood, describe your personal goals for college and how community service will be integrated into those goals.

Directions:

- 1. State your ideas clearly.**
- 2. Use complete sentences.**
- 3. Make sure your spelling is correct.**
- 4. Type your essay, or provide a computer print out of your essay.**

FINANCIAL INFORMATION FORM

To be considered for this Scholarship, the applicant's parents/guardian's must answer all questions on this form and include the completed form with the rest of the completed Scholarship Application.

TO THE STUDENT APPLICANT: I am an emancipated minor. _____ Yes _____ No.

IF YOU ARE AN EMANCIPATED MINOR, INCLUDE YOUR OWN FINANCIAL INFORMATION ON THE LINES INDICATED FOR PARENTS/GUARDIANS.

PLEASE PRINT CLEARLY:

1. Student's Name:

First	Middle	Last
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2. Address: _____

City/Zip _____

3. Student's Age: _____ **Date of Birth:** _____

4. High School student attends: _____

5. Parent's/Guardian's Name:

First	Middle	Last
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6. Parent's/Guardian's Address (if different from student's)

7. Daytime phone (____) _____ **Evening phone:** (____) _____

E-mail: _____

8. What was the total net income (after taxes) last year or this year of all adults responsible for the scholarship applicant? _____

9. Number of dependents _____ **Ages of dependents** _____

10. Do you rent ___ or own ___ your home? (Check One)

If you rent, what is your monthly rent expense? _____

If you own your home, what is your monthly mortgage expense? _____

11. Relation to student: ___Mother ___Father ___Legal Guardian ___Other

12. Mark if you are: ___Employed ___Self-employed ___Unemployed

13. Date last employed: _____ Occupation: _____

14. Employer: _____

15. Address of Employer:

16. Work Phone: (____) _____ Number of years at present job? _____

17. Are you receiving federal or state assistance? _____

18. If Yes, what kind:

19. If you are not receiving any assistance, but still believe you have financial hardships that qualify your student or you as an emancipated minor for a scholarship, please explain these hardships:

By signing this application, I agree that the above information is correct.

Signature of parent/guardian or emancipated minor: _____

Date: _____

LETTER OF RECOMMENDATION FORM

Note: This should be from an adult who knows you well but who is not a parent, grandparent, sibling, or any other relative.

Rather than a formal letter of recommendation, please complete the following form in time for the scholarship applicant to include your Letter of Recommendation Form with her application **by the submission deadline. If you do not complete your recommendation form on time, the student's application will be disqualified. Thank you for your assistance.**

Date: _____

Student's name:

Your name:

Your address:

Number	Street	City/State	Zip
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Day Phone: (_____) _____ **Email:** _____

How long have you known this student?

In what capacity have you known this Student?

Describe this student's strengths:

Why do you believe this student deserves this scholarship?

What else would you like to tell us about this student that indicates that she is deserving of this scholarship?

Your signature: _____

Phone No. _____