



**Attention: For one 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 a scholarship to a 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 Sharon McKethen at: smckethen@aol.com  
For questions, you may call Sharon at 510-932-6631.

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):

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Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

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City: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

High School you attend?

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Are you an emancipated minor?  No  Yes

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

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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:**

\_\_\_\_\_

<b>First</b>	<b>Middle</b>	<b>Last</b>
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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:**

\_\_\_\_\_

<b>First</b>	<b>Middle</b>	<b>Last</b>
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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**

**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.** \_\_\_\_\_