***Soroptimist of HelenaViolet Richardson Award Application***

Instructions:

## Deadline:

Completed applications and any supporting materials must be received by December 1 at the address listed in Step 3. 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 if you are eligible

Eligible applicants are young women who:

* are currently between the ages of 14 and 17
* 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

Fill out the form and sign:

## Step 3: Email your application

Send your application with any supporting materials to:

**Soroptimist Club Name: SI of Helena**

## Club Contact Person: Scholarship & Award Committee Chair

 **Email Address: sihelena@soroptimist.net**

**Address: PO Box 1216**

**City/State/Zip: Helena, MT 59624**

Soroptimist Violet Richardson Award Application

# General Information

### Name (Last) (First) (Middle Initial)

**Date of Birth Email Address**

**Address (Number and Street)**

**City Province/State Postal Code**

**Country**

**Phone**

**Name of the organization where you volunteer**

**Phone number for volunteer organization**

Essay

On the next page, 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.

# Agreement

* I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the designated club to which I have submitted this application if there are any changes.
* I understand this award is taxable in the United States. Recipients in other countries should check their local tax laws.
* I certify that this is the only application I have made this year for a Soroptimist Violet Richardson Award from this or any other Soroptimist club.
* I understand that my application and supporting materials become the property of Soroptimist International of the Americas (SIA) upon submission, and that SIA shall have sole discretion in using these materials for the purpose of publicizing the Violet Richardson Award program.

By signing your name below you adhere to the above requirements.

### Signature of Applicant Date

**Signature of Parent or Guardian**

*Essay*

Please type your essay below.