**Soroptimist Scholarship Application**

**Lollar Scholarship**

Applicant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell or other phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (street address) (city, state, zip code)

**Education starting with high school**: *(please include a copy of your high school and/or college transcript including standardized test scores)*

 School name Dates attended Class rank or GPA

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**College or vocational school you are attending or will attend**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Please attach evidence of admission from the college or vocational school.)*

**Indicators of financial need**:

1. Are you claimed as a dependent by your parents or someone else on their income tax return? \_\_\_ Yes \_\_\_ No *(If you marked Yes to this question, please refer to your parents’ or the other person’s most recent income tax return to answer questions 2 and 3. If you marked No to this question, please refer to your own most recent income tax return to answer questions 2 and 3.)*
2. Adjusted gross income (line 11 of form 1040) $\_\_\_\_\_\_\_\_
3. Total number of dependents (listed on page 1 of form 1040) \_\_\_\_
4. Are there other dependent members of your household who will be enrolled in college at the same time as you will? \_\_\_ Yes \_\_\_ No *(If the answer is Yes, please provide details on the back of this page or on a separate sheet of paper.)*
5. Have you been awarded any other types of financial aid? \_\_\_ Yes \_\_\_ No *(If the answer is Yes, please provide details on the back of this page or on a separate sheet of paper. Please include federal grants, student and parent loans, work study, scholarships, A+ program, etc.)*

**References**: Please list three persons who are not related to you or members of your household and ask each to submit a letter of recommendation. The letters may be attached to your application or mailed directly to the Scholarship Committee. (if you attach the letters you will know that we received them)

 Reference name Address Occupation

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**Applicant’s statement**: In your own words, on a separate sheet of paper, prepare a brief statement about your school and community activities and honors. Include information about your goals for the future and measures you are taking to achieve these goals. Be sure to address item 5 of the scholarship “eligibility requirements.” You may add anything else you wish the committee to consider. **NOTE:** application must be complete with all requested information included to be considered!!

\*\*\*\*Mail the application so that it is postmarked **NO LATER THAN April 28, 2023** to:

**Soroptimist** **Scholarship Committee 610 A East Battlefield PMB137 Springfield, MO 65807**