SOROPTIMIST®
Investing in Dreams

The ETHEL F. LORD Story: Why We Honor Her Memory

ETHEL F. LORD FELLOWSHIP APPLICATION

Funded by the Soroptimist International of the Americas North Atlantic Region

Purpose: The Ethel F. Lord Fellowship supports a woman veteran who demonstrates financial need and seeks assistance to improve her quality of life, pursue education or vocational training, or advance toward career goals.

ELIGIBILITY

Applicant must be a woman veteran.
Applicant must reside within the North Atlantic Region: Connecticut, Delaware, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, or Wheeling, West Virginia.
Applicant must demonstrate financial need through documentation.
Applicant must describe how the fellowship will support her quality of life, education, vocational training, or career goals.

REQUIRED APPLICATION MATERIALS

Completed application form.
Documentation of military service, such as DD214 or other appropriate service record.
Documentation of financial need.
Two letters of recommendation.
Typed responses to all short-answer questions.

Applicant Information

Full Name	Last: [Type last name] First: [Type first name] Middle: [Type middle name or initial]
Permanent Address	Street: [Type street address] City: [Type city] State: [State] ZIP: [ZIP]
Local Address, if different	Street: [Type street address, if different] City: [Type city] State: [State] ZIP: [ZIP]
Phone	Day: [Type daytime phone] Evening: [Type evening phone]
Email	[Type email address]

Military Service Information

Branch of Service	[Type branch of service]
Dates of Service	From: [Start date] To: [End date]
Type of Discharge, if applicable	[Type of discharge, if applicable]
Service Documentation Attached	[x] DD214 [ ] Other: [Describe other service documentation]

Education, Training, or Career Goal

Program, School, Training Provider, or Career Goal	[Type program, school, training provider, or career goal]
Enrollment or Start Date	[Type enrollment or start date]
Expected Completion Date, if applicable	[Type expected completion date, if applicable]
Amount Requested	$[Amount requested]

Short-Answer Questions

Describe your education, training, vocational, or career goal and how this fellowship will help you reach it. Please limit your response to 250 words or less.

Response:

Describe your financial need and how the requested funds would be used. Please attach documentation that supports your financial need. Examples may include income information such as W2 or annual tax return and benefit statements. Expenses could include tuition or training costs, housing or medical expenses, or other relevant documentation. Please limit your response to 250 words or less.

Response:

Certification and Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that incomplete applications or applications received after the deadline may not be considered.

Applicant Signature: _____ Date: _____

Application Checklist

☐ **Completed application form**
☐ **Résumé**
☐ **Military service documentation**
☐ **Financial need documentation**
☐ **Three letters of recommendation**
☐ **Typed short-answer responses**
☐ **Email subject line includes "EFL Application"**

Submission Reminder: A complete application must be emailed by 12:00 PM EST on February 1, 2027, to Donna Gigone at dgigone.narboard@gmail.com. Please place "EFL Application" in the email subject line.