SOROPTIMIST INTERNATIONAL OF CAPE MAY COUNTY
EDUCATION AWARD APPLICATION

To qualify for this award the applicant must:

1. Be a female resident of Cape May County. Cape May County Soroptimist members and their immediate families are not eligible to apply.

2. Have confirmation of current enrollment or application to any education related program of studies.

3. Be a leader proven by the ability to lead with initiative and complete responsibilities honestly and reliably

4. Demonstrate a need for financial help with college expenses

PART 1: PERSONAL INFORMATION

NAME _____

ADDRESS_____

CITY, STATE & ZIP_____

HOME PHONE _____CELL PHONE _____

E-MAIL_____

PART 2: EDUCATION

Name of secondary school or college you are currently attending

_____

PART 3: COMMUNITY SERVICE

List all community activities you are involved in and any awards that you have achieved. Please continue on a separate sheet if needed.

_____

_____

_____

_____

PART 4: EDUCATIONAL GOALS

List the name of the Community College, College or University you are attending or plan to attend next fall.

_____

Currently Enrolled _____ Applied _____ Accepted _____

PART 5: PERSONAL ESSAY

Compose a personal essay that describes you and your family. What are your education and career goals related to the field of education? Include your leadership qualities and describe contributions to your school and community. If you are currently in the workforce, explain your situation. Explain how the award will help you meet your financial responsibilities. **Be sure to explain how you meet the listed criteria for this award. (See page one #1-4)**

PART 6: REFERENCES

Attach two letters of character reference specific to this application
(ie: teacher, coach, employer, community leader, etc.)

PART 7: AGREEMENT Please read and check boxes below before signing.

☐ I understand that my application and supporting information becomes the property of Soroptimist International of Cape May County and SICMC has discretionary authority in all matters relating to this award.

☐ I certify the information in this application is complete and accurate to the best of my knowledge. If there are any changes, I will notify SICMC.

Applicant Name _____

Applicant's Signature _____

Date_____

Submit application, essay, and references as e-mail attachments to
SICMCeducationaward@gmail.com
or mail to
SICMC, PO Box 65, Cape May, NJ 08204
by March 15th.