

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
2. Have confirmation of enrollment, acceptance, or application to any education related program
3. Be a leader proven by the ability to lead with initiative and complete responsibilities honestly and reliably
4. Show the need for financial help with college expenses

PART 1: PERSONAL INFORMATION

NAME _____

ADDRESS _____

CITY, STATE & ZIP _____

HOME PHONE _____ CELL PHONE _____

E-MAIL _____

DATE OF BIRTH _____

PART 2: EDUCATION AND COMMUNITY SERVICE

List all schools attended or are currently enrolled in. Also list any community activities you are involved in and any awards that you have achieved.

PART 3: EDUCATIONAL GOALS

List the names of all Community Colleges, Colleges or Universities you've applied to or are enrolled in.

Enrolled _____ Applied _____ Accepted _____

Approximate amount of time to complete education (Please check one)

2 years _____ 4 years _____ 4+ years _____

PART 4: PERSONAL ESSAY

Compose a personal essay that describes you and your family. What are your education and career goals? Tell us about your leadership qualities. Describe contributions to your school and community. Tell us 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 5: REFERENCES

Attach 2 letters of character reference to this application (ie: teacher, coach, employer, community leader, etc.)

PART 6: AGREEMENT

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 _____