



S O R O P T I M I S T

Best for Women

## Technical/Educational Award

The Soroptimist International of Camas/Washougal Technical/Educational Award is a \$1000 Award available to a woman or girl who meets the following qualifications.

She must attend or have been accepted to attend an undergraduate program in an accredited college or vocational/skills training program. Residents of Camas and Washougal are given priority.

She may not be a Soroptimist member or an immediate family member of a Soroptimist.

Applicant must submit a completed application accompanied with two character references. Family members may not provide these references.

Awards must be used within a year of receiving the award or offer is rescinded.

Application must be submitted by February 1 of the current year to the address below:

Soroptimist International of Camas Washougal  
Post Office Box 621  
Camas, WA 98607  
Attn: Awards Committee

Online applications are available at <http://www.cwsoroptimist.org>

**For additional questions, please call Jan at 360 210-4002**



# S O R O P T I M I S T

Best for Women

## Sorooptimist International of Camas/Washougal

Post Office Box 621, Camas, WA 98607

### Technical/Educational Award APPLICATION FORM

#### Part I—Personal Data:

Name (Last, First, Middle Initial) \_\_\_\_\_

Full Address (Include City, State, Zip Code) \_\_\_\_\_

Telephone List primary and/or cell (Include Area Codes) \_\_\_\_\_

E-mail Address (Please Print Clearly) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_

Are you currently employed? (Check one) Yes  No

If yes, how many hours per week do you work? \_\_\_\_\_

Please list the school you are currently attending \_\_\_\_\_

Or to which you have been accepted \_\_\_\_\_

What is your proposed program of study? \_\_\_\_\_

(Example: Clark Community College, 2 year associate degree)

When will you complete your program of study? \_\_\_\_\_

Month

Year

Name of School Registrar \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Full Address (please include City, State, Zip Code) \_\_\_\_\_

## Part II—Career Goals

Using another sheet of paper, please describe (in 500 words or less) your career goals and how your education and/or skills training would support these goals.

## Part III—Financial Need

The **Soroptimist International of Camas/Washougal Educational Award** is given based in part on financial need. Your total income will be compared to your total annual expense. Please be as exact as possible.

A. Total Annual Household Income from all sources (*include your income from employment, savings, child support, alimony, Social Security benefits and school loans or scholarships. Also include all income received by any other household members*).

B. Please list your annual education expenses **only**—do not include those of your children or other family members.

Tuition/School Fees: \_\_\_\_\_ Books: \_\_\_\_\_ Transportation: \_\_\_\_\_

Other: (please describe) \_\_\_\_\_

C. Please list your family's TOTAL annual living expenses (*such as housing, food, child care, medical expenses, etc.*), if applicable

**Housing** \_\_\_\_\_ per year      **Utilities** \_\_\_\_\_ per year

**Food** \_\_\_\_\_ per year      **Medical** \_\_\_\_\_ per year

**Childcare** \_\_\_\_\_ per year      **Transportation** \_\_\_\_\_ per year

Other (please list additional expenses and assign a dollar value to each in the space below)

Expenses: \_\_\_\_\_ \$ \_\_\_\_\_ per year

Expenses: \_\_\_\_\_ \$ \_\_\_\_\_ per year

Expenses: \_\_\_\_\_ \$ \_\_\_\_\_ per year

Total Expenses per year \$ \_\_\_\_\_

**PART V—References**

Using the enclosed reference forms, please submit two references (from persons not related to you) with your completed application. Applications received without two references will not be considered.

**PART VI—Agreement**

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify SICW to which I have submitted this application if there are any changes.
- I understand that my application becomes the property of SICW. The application will be considered confidential, unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicity.
- I will send an acknowledgement of school attendance to SICW when I begin classes.

---

Signature of Applicant

Date

## Reference Form

**Name of Applicant** (*Applicant: Please fill in your name above before giving this sheet to the person writing your reference.*)

Thank you for taking the time to provide this reference for a **Soroptimist International of Camas/Washougal Endowment Fund Applicant**. This program was established with the primary purpose of aiding women and girls who are seeking training in the education and/or medical field. Please use your personal knowledge of this candidate to respond to the following questions.

*(Please type or print legibly; limit your answers to the space provided.)*

1. How long have you known the applicant and in what capacity (employer, school instructor, friend, mentor, etc.)?

2. Please rate the applicant in the following areas (as applicable), based upon your knowledge of her achievements and strengths. A score of "1" means that you "strongly disagree" with the statement; a score of "5" means that you "strongly agree with the statement; a score of "0" means you don't know.

	<i>Strongly Disagree</i>	<i>Mostly Disagree</i>	<i>Somewhat Agree</i>	<i>Mostly Agree</i>	<i>Strongly Agree</i>	<i>Don't Know</i>
The applicant is motivated.	1	2	3	4	5	0
The applicant has demonstrated a strong sense of responsibility.	1	2	3	4	5	0
The applicant has demonstrated strength of character.	1	2	3	4	5	0
The applicant has clear goals.	1	2	3	4	5	0
The applicant would be an inspiration to others.	1	2	3	4	5	0

3. Please tell us what you believe to be the applicant's particular strengths in her personal, educational or professional life (as applicable). Be as specific as you can and give examples of particular accomplishments.

4. What is your knowledge of the applicant's educational goals and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

5. Is there any additional information that you believe we should know about this applicant?

Completed by:

---

*Name* *Date*

---

*Title* *Organization*

---

*Address* *City* *State* *Zip*

---

*Telephone - include area code (please indicate best time to contact you)*

---

*Email address (we will not use this for any other purpose than to contact you about applicant)*

Please return completed reference form to the applicant in a **sealed envelope** with applicant's name on the outside of the envelope.

## Reference Form

**Name of Applicant** (*Applicant: Please fill in your name above before giving this sheet to the person writing your reference.*)

Thank you for taking the time to provide this reference for a **Soroptimist International of Camas/Washougal Endowment Fund Applicant**. This program was established with the primary purpose of aiding women and girls who are seeking training in the education and/or medical field. Please use your personal knowledge of this candidate to respond to the following questions.

*(Please type or print legibly; limit your answers to the space provided.)*

1. How long have you known the applicant and in what capacity (employer, school instructor, friend, mentor, etc.)?

2. Please rate the applicant in the following areas (as applicable), based upon your knowledge of her achievements and strengths. A score of "1" means that you "strongly disagree" with the statement; a score of "5" means that you "strongly agree with the statement; a score of "0" means you don't know.

	<i>Strongly Disagree</i>	<i>Mostly Disagree</i>	<i>Somewhat Agree</i>	<i>Mostly Agree</i>	<i>Strongly Agree</i>	<i>Don't Know</i>
The applicant is motivated.	1	2	3	4	5	0
The applicant has demonstrated a strong sense of responsibility.	1	2	3	4	5	0
The applicant has demonstrated strength of character.	1	2	3	4	5	0
The applicant has clear goals.	1	2	3	4	5	0
The applicant would be an inspiration to others.	1	2	3	4	5	0

3. Please tell us what you believe to be the applicant's particular strengths in her personal, educational or professional life (as applicable). Be as specific as you can and give examples of particular accomplishments.

4. What is your knowledge of the applicant's educational goals and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

5. Is there any additional information that you believe we should know about this applicant?

Completed by:

---

*Name* *Date*

---

*Title* *Organization*

---

*Address* *City* *State* *Zip*

---

*Telephone - include area code (please indicate best time to contact you)*

---

*Email address (we will not use this for any other purpose than to contact you about applicant)*

Please return completed reference form to the applicant in a **sealed envelope** with applicant's name on the outside of the envelope.





SOROPTIMIST

Best for Women

## Technical/Educational Award

The Soroptimist International of Camas/Washougal Technical/Educational Award is a \$1000 Award available to a woman or girl who meets the following qualifications.

She must attend or have been accepted to attend an undergraduate program in an accredited college or vocational/skills training program. Residents of Camas and Washougal are given priority.

She may not be a Soroptimist member or an immediate family member of a Soroptimist.

Applicant must submit a completed application accompanied with two character references. Family members may not provide these references.

Awards must be used within a year of receiving the award or offer is rescinded.

Application must be submitted by February 1 of the current year to the address below:

Soroptimist International of Camas Washougal

Post Office Box 621

Camas, WA 98607

Attn: Awards Committee

Online applications are available at <http://www.cwsoroptimist.org>

**For additional questions, please call Jan at 360 210-4002**