

SOROPTIMIST INTERNATIONAL HERITAGE CLUB  
OF HELENA, MONTANA INC.

**MEMORIAL SCHOLARSHIP**

Purpose: To further educate a deserving individual while promoting the ideals of Soroptimism, including the sincerity of friendship, the joy of achievement, the dignity of service, the integrity of profession and the love of country.

**ELIGIBILITY REQUIREMENTS**

1. Must have a substantial need for financial help;
2. Must demonstrate a sincere desire to further her/his education;
3. Must be a resident of the Helena, Montana area; and
4. Must be eligible to attend an accredited post-secondary institution of higher education.

Instructions for completing the application: (Note: If the application is incomplete or is not postmarked by March 15, 2012 it will be rejected.)

1. Must be postmarked by March 15, 2012;
2. Must be completed and signed by applicant;
3. Must include the following, in addition to the basic application:
  - a. One-page essay describing your heritage and what it means to you;
  - b. Copy of your federal financial aid form;
  - c. Two letters of recommendation, one each from the (2) following categories (Note: Letters cannot be written by relatives.)
    - (1) Educator, such as guidance counselor, student advisor, teacher, or professor;
    - (2) Community member such as a minister, community leader, employer or friends who have known the applicant for a number of years.

The letters of recommendation should focus on what makes the applicant unique and could include worthiness, character, personality, industriousness, leadership qualities, abilities, special talents, financial need, and what they feel further education for the applicant would accomplish. These letters should include the author's name, address and phone number.
  - d. Transcript from high school or institution of learning including courses completed.
4. Send completed application to:

Soroptimist International Heritage Club, Inc. of Helena, MT  
PO Box 6467  
Helena, MT 59604-6467
5. Scholarship funds are paid to the institution and can be used only for tuition or books.

APPLICANT INFORMATION  
(Additional pages may be used)

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

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City	State	Zip
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Daytime Telephone #: \_\_\_\_\_ Evening Telephone #: \_\_\_\_\_

Age (optional): \_\_\_\_\_ Marital Status (Optional): \_\_\_\_\_

Number of Dependents: \_\_\_\_\_

EDUCATIONAL BACKGROUND:

Graduate of:

High School: \_\_\_\_\_

City and State: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

OR GED completion date: \_\_\_\_\_

College/University attended (if applicable):

Name(s):

Dates of Attendance:

List of Achievements and Activities:

Employment Information:

Current Position: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Previous Employment (In chronological order from most recent to earliest.)

Positions:

Employer:

Dates:

Educational Plans:

Name of College/University: \_\_\_\_\_

City and State: \_\_\_\_\_

Course of study and degree or certificate to be pursued: \_\_\_\_\_

How long will it take to complete educational goals? \_\_\_\_\_

When will you begin your studies? \_\_\_\_\_

Expected Educational Expenses:

Tuition per year \$ \_\_\_\_\_

Books and Lab Fees \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Amount of Financial Assistance Needed \$ \_\_\_\_\_

Resources available to applicant:

Parents \$ \_\_\_\_\_

Guardian/Relative \$ \_\_\_\_\_

Applicant's Income \$ \_\_\_\_\_

Spousal Income \$ \_\_\_\_\_

Alimony/Child Support \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_

Monthly rent or house payment \$ \_\_\_\_\_

Make, model and year of automobile \_\_\_\_\_

Monthly car payment        \$ \_\_\_\_\_

Specifically describe your financial needs:

How do you plan to finance your education?

Please list any additional information that is pertinent to this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



