

Soroptimist International of Truckee Meadows
2010 EDUCATIONAL GRANTS

Soroptimist International of Truckee Meadows ("SITM") believes that every woman should have an opportunity to develop her capabilities to the fullest. The Education Women Committee of SITM is responsible for awarding scholarships to qualified applicants. Monetary values of scholarships range from \$500 to \$6,000 and are initially awarded in the fall:

□ **UNDERGRADUATE: *The Nancy Gomes / Mary Gojack Memorial Scholarships***

Undergraduate scholarships are awarded annually to re-entry women (women who have interrupted academic studies because of family or other considerations and now wish to continue the pursuit of college degrees). To be eligible for this scholarship, an applicant must be enrolled in one of the following:

- A four-year Bachelor Degree program at the University of Nevada, Reno.
- An Associates Degree Health Science Program of a Northern Nevada Community College; or
- A Northern Nevada Community College with the intention to transfer to a Bachelor Degree program at the University of Nevada, Reno.

Scholarship recipients must

- Register for and complete a **minimum of 9 credits per semester** (correspondence courses are acceptable) or may be enrolled and accepted in an Associate Degree Health Sciences Program at a Northern Nevada Community College.
- Maintain a minimum 2.5 GPA.
- Submit proof of college registration to the Education Women Committee coordinator before the start of the Fall 2010 semester.
- Submit:
 - official transcript showing grades for the completed fall semester
 - proof of registration for the spring semester
 - request for the scholarship payment to the Education Women Committee coordinator before the start of the Spring 2011 semester, to receive the next payment of the scholarship (and before the start of each subsequent semester until the total award has been paid).

□ **GRADUATE: *The Jack Simon Graduate Scholarship***

To be eligible for the scholarship, an applicant must:

- Be accepted and enrolled for a minimum of nine (9) graduate level credits in a graduate program at the University of Nevada, Reno.
- Provide proof of registration

This scholarship is often paid in one lump sum.

Applicant Submission Checklist - All application information **MUST** be sent in one package and **MUST be postmarked by February 15, 2010**. Any application received incomplete or late may be rejected. Your package must include:

- Completed Application
- College transcripts from all colleges attended. If none, submit transcripts from all high schools attended. Note: Copies of transcripts without certification will be accepted.
- Three (3) personal references, preferably from current or prior teachers, employers or someone who has worked very closely with you, **must** accompany this application. Please make copies of the personal reference form attached at the end of this application and have your references fill it out completely.
- Financial Data: The Income/Expense portion of this application must be completed and copies of your last two paycheck stubs **must** accompany this application.
- Autobiographical essay
- Future Plans essay

Mailing Instructions - Application Deadline: Postmarked by February 15, 2010.

- **MAIL** completed application and all materials to: SITM Education Women Committee, P. O. Box 20125, Reno, NV 89515.
- If you have any questions, please contact the Education Women Committee Co-Coordinator by email at tturner@cfwnv.org, or call Tracy Turner at 775-333-5499.

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PERSONAL DATA

Name

Address

City State Zip

Telephone # Home Business Email Address

Date of Birth Place of Birth (City/State/Country) Citizenship

Marital Status (circle one) Currently Enrolled in School?
Single Married Separated Divorced Widowed

If currently enrolled in school, name of Institution Major Career Goal

Total Credits Required for Program Credits Needed to Complete Program Anticipated Completion Date

Check the scholarship you are applying for: Undergraduate Graduate

FINANCIAL DATA

Applicant's Occupation	Employer	Hrs Worked per month	Length of Employment
Spouse's Occupation	Employer	Hrs Worked per month	Length of Employment

List children living with you. Include ages and relationship.

List the adults (over 18 years of age) living with you.

If adults are living with you who are not contributing financially, please explain:

AUTOBIOGRAPHICAL ESSAY (1-3 pages)

We want to know about you! Focus on your life experiences, and tell us about your educational background, honors, or recognitions received, your employment, community and/or travel experiences. This will help us get to know you. Also, if you have had interruptions in your education, tell us why those interruptions occurred and any difficult conditions you have overcome. This is your chance to tell us anything else you think we should know about you.

FUTURE PLANS ESSAY (1-3 pages)

In this essay, tell us about your goals, dreams, and plans for your future. What do you plan to do when you have completed your education? How will your education help you benefit others, particularly women and girls? Think 5 to 10 years down the road, and tell us where you see yourself.

MEDIA CONSENT

____ (Initial here if you grant permission) I hereby grant permission to Soroptimist International (SIA) and/or its clubs to use my name, likeness and/or voice, or the name, likeness and/or voice of my minor child for all publicity purposes and to any media format. Media formats include, but are not limited to, newspapers, magazines, television, radio, film, or on the internet. SIA shall retain all rights to said materials.

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INCOME AND EXPENSES

The Education Women Committee considers your total income and compares this to your expenses. Please be as candid as possible. It is essential that this section reflect a TRUE picture of your financial need. Please report all amounts in ANNUAL/YEARLY figures.

ATTACH COPIES OF LAST TWO PAYCHECK STUBS

Annual Income	Applicant		Spouse		Other Household Members	
	Current School Yr	Next Yr	Current School Yr	Next Yr	Current School Yr	Next Yr
Gross Salary						
Withholdings						
Net Take Home Pay						
Other Income						
Grants/Scholarships						
Loans						
Family						
Child Support						
Other (describe)						
Total Annual Income						

Annual Expenses	Applicant		Spouse		Other Household Members	
	Current School Yr	Next Yr	Current School Yr	Next Yr	Current School Yr	Next Yr
Housing (rent, utilities)						
Food						
Child Care						
Medical						
Personal Items						
Entertainment						
Auto Expense						
School Expenses						
Other (describe)						
Total Annual Expenses						

Savings available for school \$ _____

Please explain any special circumstances affecting your financial situation _____

How did you hear about these educational grants? _____

ACKNOWLEDGMENT

I have read the foregoing application and certify that the contents thereof are true and correct to the best of my knowledge. I understand that my application and supporting information becomes the property of SITM, and it shall have discretionary authority in all matters pertaining to any award, including publicity about me. Applications are judged on a composite of all criteria. I UNDERSTAND THAT OMITTING ANY PART OF THIS APPLICATION MAY DISQUALIFY me.

Signature of Applicant _____

Date _____

Interviews of Finalists will be conducted in the evenings in Reno in March of 2010.

SITM expects Scholarship Recipients to attend an Awards Luncheon given in their honor in April of 2010.

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PERSONAL REFERENCE FOR _____

Thank you for taking the next few minutes of your time to recommend the above named person for consideration as a Soroptimist Educational Grant candidate. Please use your personal knowledge of this candidate to respond to the following questions. If necessary, use a separate piece of paper to respond.

1. How long have you known the candidate and in what capacity (friend, teacher, employer, etc.)?

2. What is your personal knowledge of the candidate's strengths/responsibilities in her life? Address specific examples of accomplishments in employment, school, home, community, church, etc.

3. What is your personal knowledge of the candidate's educational goals and her progress toward accomplishing these goals? Consider any barriers/difficulties this person has overcome.

4. Is there additional information you would care to mention that you think the Education Women Committee should know about the candidate?

Signature _____ Date _____

Print Name & Title _____ Telephone _____