



SOROPTIMIST

Best for Women

Soroptimist International
of Vallejo

www.sivallejo.org
siovjo@hotmail.com

Greta and Al Lange Memorial Scholarship Application Form

This scholarship is for women residing in Solano County who are enrolled in a post-graduate program to obtain a degree in the medical field, including Pharmacy, Nursing and Medical degrees.

Applicants are evaluated on financial need, academic achievement, community involvement, and personal goals. A personal interview is included in the selection process.

Soroptimists, immediate family of Soroptimists and employees of Soroptimist are not eligible for the award.

Application deadline is April 15th for the following academic year.

Please upload the application and any attachments and send electronically to siovjo@hotmail.com

Date _____

Name _____

School _____ GPA _____

Address _____

Home Telephone _____ Cell Telephone _____

Email Address _____

Date of Birth ____/____/____ SSN upon award _____

Father's Name _____

Father's Occupation _____

Mother's Name _____

Mother's Occupation _____

Combined annual gross income of both parents _____

Do you live with both parents? Yes No If not, with whom do you live? _____If parents are separated or divorced what is the financial contribution of each parent? _____
_____If you are self-supporting, what is your income and what is the source of your income? _____

List other members of your family who are dependent on the family income. Include names, ages, and relationships. Indicate any financial assistance which they are able to provide.

What is the total amount of funds available for your education, including contributions from family members, savings, and wages, but not including other scholarships or loans? \$ _____

Do you have any dependents who rely on you for their financial support? Yes Number ____ No

Soroptimist is a global organization that provides women and girls with access to the education and training they need to achieve economic empowerment.

For which school do you plan to use these scholarship funds? _____

Have you been accepted to this school? Yes No What is your anticipated major? _____

What are your career goals? _____

How many units of college level work have you completed? _____ What is your anticipated graduation year? _____

List honors and awards you have received:

List other scholarships for which you have applied:	Amount Awarded	Not Yet Heard
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for any other financial aid (loans, grants, fellowships, etc.) Yes No

If so, what is the source of this aid?	Amount Awarded	Not Yet Heard
_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular activities and community service projects (in and out of school), offices held, and work experience:

List any extenuating circumstances you would like us to consider in evaluating your application.

I certify that the information contained in this application is true and complete. I understand that any misrepresentation of facts may result in my forfeiting and/or having to reimburse any scholarship money awarded.

Signed _____

Please attach an **official** copy of your transcript and at least two (2) letters of recommendation. Please also also attach a personal statement of no more than 750 words outlining your professional goals and plan for completion.

email your completed application and attachments to siovjo@hotmail.com.

SOROPTIMIST INTERNATIONAL OF VALLEJO SCHOLARSHIP APPLICATION

Income and Expense Budget

Estimate average ANNUAL expenses for the year. If a category does not apply to you, enter a zero (0).

Attach to Application for Scholarship

EXPENSES

Educational Expenses

Include tuition, mandatory fees, books, supplies, online services, health insurance if required, etc.

\$ _____

Room and Board

Include room, board, utilities, phone, water, sewage, groceries, dining out, campus meal plan, beverages, etc.

Personal Expenses

Laundry, clothes, personal care, entertainment, recreation, insurance, memberships, etc.

Transportation

Car payments, gas/oil, public transportation, normal car maintenance, car insurance, etc.

Other

List what other types of expenses you will have:

TOTAL EXPENSES

\$ _____

INCOME

Wages and tips, less taxes and deductions

\$ _____

Other scholarships

Financial Aid from college

Federal Student Loan

Other loan

Support from parents

Support from other than parents

Other income

List what other sources of income you will have:

TOTAL INCOME

\$ _____

Savings you will have access to

TOAL INCOME AND SAVINGS

\$ _____

I CERTIFY THAT THIS IS MY BEST ESTIMATE OF MY EXPENSES AND INCOME FOR THE COMING ACADEMIC YEAR.

Signed _____ Date _____

attach to application

Scholarship Application Check List

This check list is included for your convenience and does not need to be included in your application package.

Your application for scholarship package should include the following:

- Completed Application Form
- Application Form signed
- Completed Income and Expense Budget
- Income and Expense Budget signed.
- Official copy of your transcript
- Two (2) letters of recommendation
- Personal statement of no more than 750 words

The deadline for submitting your application electronically is April 15. Email to siovjo@hotmail.com

If you need guidance on completing the forms or have any questions, please email us at siovjo@hotmail.com.