



SOROPTIMIST

Best for Women

*“Improving the lives of women and girls, in local communities and throughout the world”*

## Soroptimist International of Tri-Valley Dale Vaughn-Bowen Annual Scholarship Fund Grant Application

**Application must be post marked by May 1, 2017. Send completed form and essay to Soroptimist International, Attn: Kelly Knabe, PO Box #51, Pleasanton, CA 94566. Questions: (925) 570-1261**

Applicants must meet all of the following criteria to be eligible for this scholarship:

- Must be a female who lived in the Tri-Valley Area within the last 4 years.
- Must have lost a parent/guardian to cancer.
- Must be a high school senior, college freshman or sophomore
- Must plan to attend college if high school senior
- Must have a GPA of 2.8 or better
- Must be no older than 24 years old by May 2017
- Must be a U.S. citizen, or documented permanent resident of the US.

1. Applicant must complete one (1) copy of the application form, including the Signature Page. Incomplete applications will not be considered.

2. Write an essay on your **“Hopes and Dreams for the Future”**. Essay must be typed and must be attached to application. No minimum word count required.

3. One letter of recommendation from a teacher, counselor or principal who knows you well, attached to application.

4. One photograph of you with your parent, attached to application

Scholarship will be awarded by June 1<sup>st</sup>, 2017. Winner is not eligible to apply in the future. A scholarship will be awarded for \$1000: scholarship is paid in two installments of \$500, first payment is given in June 2017, and second payment is given January of 2018. Winner must still be attending school to receive second payment. Proof of enrollment in college will be required.

The Soroptimist International of Tri-Valley shows no bias toward students of any particular race or religion, none of which will be considered in choosing scholarship recipients.

**Soroptimist International of Tri-Valley**  
**Dale Vaughn-Bowen**  
**Scholarship Application**

**Student Information:**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

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

US Citizen  Yes  No

**Parent or Guardian Information:**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**Personal Reference Information:**

Personal Reference Name \_\_\_\_\_

Address \_\_\_\_\_

City, State Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

**Student Education Information:**

Current High School or College attending \_\_\_\_\_

City, State \_\_\_\_\_

Graduation Date \_\_\_\_\_

If graduating from High School, college you plan to attend

\_\_\_\_\_

City, State \_\_\_\_\_

## Signature Page

Both student and parent/guardian (if under 18) must read the following statements and sign as indicated.

If chosen to receive this scholarship I/We understand that my photo, name and essay may be used on the Soroptimist website, in written information about the scholarship program and other promotional opportunities.

I/We affirm that the information provided on this application is accurate to the best of my/our knowledge. I/We understand misrepresentations may constitute fraud which may result in the loss of eligibility of this scholarship and have other legal consequences.

\_\_\_\_\_/\_\_\_\_\_/2017  
Applicant Signature Print Name Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_/\_\_\_\_\_/2017  
Parent / Guardian (if under 18) Date

\_\_\_\_\_  
Print Name