

**SOROPTIMIST INTERNATIONAL OF FLAGSTAFF
SCHOLARSHIP APPLICATION FORM
Deadline: March 15, 2009**

Return form and references to:

SOROPTIMIST INTERNATIONAL OF FLAGSTAFF
SCHOLARSHIP COMMITTEE
P.O. BOX 3163
Flagstaff, AZ 86001

Personal Information

Name: _____ Date: _____
Current Address: _____
Permanent Address: _____
Social Security #: _____ Date of Birth: _____
Marital Status: _____ Number and Ages of Children: _____
Phone Number: _____

Education

Currently enrolled at: _____
Anticipated Date of Graduation: _____
Major: _____ Minor: _____
Grade Point Average (based on a 4.0) _____

What are your educational and career goals?

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Financial Statement

Please list all sources of financial support, including other scholarships, grants or loans that assist in financing your education. Please list the amount of each source.

Are you currently employed? _____ Amount of income per month: _____

Where do you work: _____

If you are related to a Soroptimist, please give the name and relationship.

Please comment on how you would use the proceeds from this award.

Please describe activities you are involved in which benefit the community.

Letters of Recommendation:

Please attach TWO LETTERS OF RECOMMENDATION from personal, professional or academic contacts. These letters MUST accompany this Application. Applications received *without* letters of recommendation *will not* be considered.