

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 April 1, 2016 it will be rejected)

1. Must be postmarked by April 1, 2016
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, friends who have known the applicant for a number of years
    - (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.

4. Send completed application to:

SI Heritage Club of Helena  
Pat Bartmess  
7640 Bartmess Dr.  
Helena, Mt. 59602

5. Scholarship funds are paid to the institution and can only be used for tuition or books.

Directors of Financial Aid  
Montana Colleges and Universities  
Directors of Counseling  
Helena Area High Schools

Dear Educator:

The Helena Soroptimist Heritage Club is proud to offer its annual Memorial Scholarship. We award this \$ <sup>00</sup>1500 scholarship every year to a student from the Helena area with a substantial financial need. In addition, the recipient must demonstrate a sincere desire to further his/her education, and meet the eligibility requirements to attend an accredited post-secondary institution of higher education. The applicant may already be attending a college or university.

The completed application must be postmarked by April 1, 2016. The winner will be notified by May 1, 2016. The following criteria will be used to judge each application: 30% financial need, 25% community service, 20% heritage essay, 20% academic performance, and 5% letters of recommendation.

Please feel free to make copies of the enclosed application to distribute to your students who are eligible for this award. Thank you for your help in disseminating this scholarship information.

Sincerely,

Memorial Scholarship Committee

## **GENERAL INFORMATION**

*Applicant's name:*

*Current address:*

*City*

*State*

*Zip*

*Daytime Phone No.:*

*Evening Phone No.:*

*Age:*

*(Optional) Marital Status:*

*(Optional)*

## **EMPLOYMENT INFORMATION**

	<i>EMPLOYER</i>	<i>JOB TITLE</i>	<i>EMPLOYMENT DATES</i>
<i>CURRENT EMPLOYMENT</i>			
<i>PREVIOUS EMPLOYMENT</i>			

## **EDUCATIONAL BACKGROUND**

*Graduate of:*

*High School*

*Year:*

*City*

*State:*

*or GED completion date:*

*Attended (if applicable):*

*College/University:*

*Dates of attendance:*

*College/University:*

*Dates of attendance:*

*Achievements and activities:*

*If your education has been interrupted, what have you done in the interim?*

*Institution of learning you plan to attend:*

*Name:*

*City:*

*State:*

*Course of study and degree you plan to pursue:*

*How long do you anticipate it will take you to achieve your educational goals:*

*When do you anticipate starting to further your education?*

***FINANCIAL INFORMATION (Please attach a copy of you federal financial aid form. Be as specific as possible, financial need is an important part of this application. Financial information submitted will be confidential.)***

*Please describe your financial needs:*

*How do you plan to finance your education?*

*Tuition for 3 quarters or 2 semesters:*

*books and lab fees:*

*room and board:*

*Amount of financial assistance needed:*

*Number of dependents:*

*Resources available to applicant:*

<i>Parents:</i>	<i>\$</i>
<i>Guardian/relative:</i>	<i>\$</i>
<i>Applicants or personal income:</i>	<i>\$</i>
<i>Spouse income:</i>	<i>\$</i>
<i>Alimony or child support:</i>	<i>\$</i>
<i>Savings:</i>	<i>\$</i>
<i>Scholarships:</i>	<i>\$</i>
<i>Other (Specify)</i>	<i>\$</i>

*Do you rent or own your home?*

*Monthly rent or house payment: \$*

*Make, model and year of automobile:                      Monthly payment: \$*

*Please list any additional information you feel is pertinent to this application.*

*Signature:*

*Date:*