



SOROPTIMIST

Best for Women®

Soroptimist International of Bidwell Rancho's Educational Scholarship

**Our Mission is to provide women and girls with access to the
education and training they need to achieve economic
empowerment.**

Submit your application:

Attach your application and two reference forms to an email and send to the contact person listed below.

Incomplete applications or applications received without reference forms will not be considered.

Soroptimist Club Name: Soroptimist International of Bidwell Rancho

Club Contact Person:

Email Address: sibidwellrancho@soroptimist.net

Address: P.O.Box 9170 City: Chico State: CA Postal Code: 95927





Part I. Basic Information

Name (first, middle initial, last):

Address (number and street address):

City/Province:

State:

Postal Code:

Telephone:

Email Address:

Date of Birth:

Marital Status:

Highest level of education achieved:

Date Completed :

Number of dependents you support (NOT including yourself):

How are they related to you (children, spouse, parents, etc.)?:

Ages (if they are children):





Part II. What are your education and career goals?

- A. What is the name of the school or training program you are attending or have been accepted to?

- B. What are you studying? (example: Bachelor of Science nursing degree or computer science certificate)

- C. When will you complete your studies (month and year)?

- D. Are you working while you are getting your education? (check one) YES /NO

- E. If yes, how many hours per week?

- F. In 300 words or less, please tell us about your career goals, and give specifics about how your education and training supports these goals:

Part III. Financial Information

SIBR Educational Scholarship recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can

A. INCOME:

Please list your ANNUAL household income and savings (from the money you have left after taxes) in the chart below

Employment: \$_____ per year

Savings: \$_____ per year

Child Support: \$_____ per year

Alimony: \$_____ per year

Government Assistance: \$_____ per
year

Social Security (U.S. only):

\$_____ per year

Loans: \$_____ per year

Scholarships: \$_____ per year

Please list any additional income

Source: _____/per year

Source: _____/per year

TOTAL ANNUAL INCOME:

B. EXPENSES:

Please list your ANNUAL household expenses in the chart below

Housing: \$_____ per year

Food: \$_____ per year

Childcare: \$_____ per year

Tuition: \$_____ per year

Utilities: \$_____ per year

Medical: \$_____ per year

Transportation: \$_____ per
year

Books: \$_____ per year

Please list any additional expenses

Source: _____/per year

Source: _____/per year

TOTAL ANNUAL Expenses:

Part IV. Tell us more about yourself



Part V. Agreement

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist Intl. of Bidwell Rancho if there are any changes

Signature:

Date:

