

**Soroptimist International of Truckee Donner**

**Career Advancement Scholarship**

Soroptimist International of Truckee Donner (SITD) believes that every woman should have an opportunity to develop her capabilities to the fullest. One approach to support women in this effort is to offer competitive scholarships for women who are continuing their formal education post-high school.

**What types of post-secondary education are supported by SITD’s Continuing Education Scholarship:**

* **Attendance at an accredited or certified technical, vocational or trade school.**
* **Attendance in training course for career enhancement or for licensing fees**
* **Attendance at a Community College with the intention to transfer to a Bachelors Degree program;**
* **Two-year Associate Degree program;**
* **Four-year Bachelors Degree program;**

**Who can apply:**

* Women who are at least 18 years old and at least one year post high school.
* California and Nevada residents living or working in the eastern Sierra Nevada mountain communities, such as Truckee, Donner Summit, Sierraville, Loyalton, Graeagle, West Lake Tahoe and North Lake Tahoe.
* Have been accepted at one of the approved post-secondary educational programs described above (proof of acceptance is required).
* NOTE: Applicants who formally lived or worked in the eastern Sierra Nevada mountain communities, but are currently attending school or college in another area are eligible if plans include returning after completion of education.

**Award Amount:**

* SITD Continuing Education Scholarship awards range up to $5,000.
* If awarded, scholarship funds are released in one lump sum upon proof of enrollment at the approved post-secondary educational program.
* Prior awardees can reapply for one additional year of funding support.

**Application Process:**

* Submit completed application form.
* Must include the following supporting documents:

--Proof of acceptance to an approved post-secondary educational program;

--If currently enrolled in a post-secondary educational program, official transcript documenting a minimum of a 2.5 GPA;

--Letter of Reference from someone who can attest to your commitment to higher education.

**Application** **Deadline:**

* February 10thof each calendar year.
* It is SITD’s goal to notify successful scholarship recipients of their award no later than

March 15th.

**Application Submission Instructions:**

* Submit all application materials by February 10th.
* Mail completed application and all required supporting documents to: SITD Scholarship Committee, PO Box 1423, Truckee, CA 96160.
* If you have any questions or require further clarifications, contact the Scholarship Committee Chair at info@SITD.info.

**Application: SITD Scholarship for Continuing Education**

**PART 1: BASIC INFORMATION**

Name (last, first, middle initial): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (number and street address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_

Mailing Address (if different than above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Graduation or GED Date: \_\_\_\_\_\_\_\_\_\_\_\_ (Currently enrolled in school? \_\_\_yes \_\_\_no

How did you hear of our scholarship opportunity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART 2: EDUCATION AND CAREER GOALS**

A. What is the name of the school (University, college) or training program you are CURRENTLY 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 program (month and year)? Total remaining credits required to complete program?

D. Are you working while you are completing your education? \_\_\_yes \_\_\_no. If yes, what is your occupation, where employed and how many hours do you work per week?

E. History, Hopes & Dreams--In a one to two page, double-spaced essay, tell us a little about yourself, your academic goals and your plans for the future. How will this grant/scholarship help you achieve your goals (Include as part of the required supporting documents).

**PART 3: FINANCIAL INFORMATION**

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

1. **INCOME**: Please list your ANNUAL household income
	1. Employment: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year
	2. Scholarships/Grants: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year
	3. Please list any additional income

Source: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year

* 1. **TOTAL ANNUAL INCOME:** $\_\_\_\_\_\_\_\_\_\_

1. Do you anticipate any changes in your annual income for next year? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **EXPENSES**: Please list your personal share of these ANNUAL household expenses.
	1. Tuition/Fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per year
	2. Books: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per year

**PART 4: APPLICANT AGREEMENT**

Please read the following information carefully. When you print and sign your name below, you are agreeing to what is included in the agreement below.

* I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of Truckee Donner if there are any changes.
* I understand that my scholarship award amount, college or school I will attend and career plans may be shared for publicity and media purposes of SITD.
* The specific details around income, expenses and my personal essay provided in this application will be considered strictly confidential unless I specifically grant Soroptimist International of Truckee Donner written permission to release such information for the purpose of publicizing the award.
* I grant permission to Soroptimist International of Truckee Donner to use my name, likeness and/or voice for all publicity purposes and in any media format such as newspapers, magazines, television, radio, film or internet.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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