

**SOROPTIMIST INTERNATIONAL OF CHELAN
SCHOLARSHIP APPLICATION**

PLEASE PRINT OR TYPE:

(First)

(Middle)

(Last)

NAME

MAILING ADDRESS

EMAIL ADDRESS

PHONE NUMBER

SOCIAL SECURITY # or SCHOOL I.D.

BIRTHDATE

MALE FEMALE (circle one)

PARENTS OR LEGAL GUARDIAN & ADDRESS:

OTHER DEPENDENTS IN HOUSEHOLD AND AGES:

PLAN TO ATTEND:

SCHOOL

ADDRESS

DATE OF ENROLLMENT

ACCEPTED?

COURSE OF STUDY/CAREER/DEGREE

ACTIVITIES & AWARDS: (school, community, church, work, etc.)

(One additional page may be used for list. Do not send photos or clippings.)

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SOROPTIMIST INTERNATIONAL OF CHELAN
ESTIMATED INCOME & EXPENSE STATEMENT

INCOME:

Savings _____

Earnings _____

Financial Aid(Source)

Scholarships _____

Loans _____

Other _____

TOTAL EST. INCOME: _____

EXPENSE:

Tuition _____

Other fees _____

Books & supplies _____

Room & Board _____

Travel expense _____

Personal _____

Other expense _____

TOTAL EST. EXPENSE: _____

Remarks regarding plans for financing education:

I hereby acknowledge that all of the information included in this application is true and complete to the best of my knowledge.

SIGNATURE OF APPLICANT: _____ DATE _____