

# **SOROPTIMIST INTERNATIONAL OF SEDRO-WOOLLEY SCHOLARSHIP APPLICATION INSTRUCTION CHECKLIST**

*Initial each line once you have completed the steps.*

- \_\_\_\_\_ Complete the application form. It should be typed if possible. If you cannot type it, please write it neatly in pen. Attach your answers to the application cover sheet.
  
- \_\_\_\_\_ Check the box to release your transcripts at the bottom of the application form. Your application will not be processed if you do not check the box or turn in your application without transcripts.
  
- \_\_\_\_\_ Check all information and ensure it is correct and complete (including your cumulative GPA and class rank).
  
- \_\_\_\_\_ Sign and date the application.
  
- \_\_\_\_\_ Make a copy of the application for your records and return the original application with all the required paperwork and attachments to the Career Center/Counseling Office by Friday, March 18, 2022.



## SOROPTIMIST INTERNATIONAL OF SEDRO-WOOLLEY

### SCHOLARSHIP APPLICATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

Applying for:

\_\_\_\_\_ Community/Technical (2 year)

\_\_\_\_\_ College/University (4 year)

**PLEASE ATTACH THE STATEMENTS THAT ANSWER EACH QUESTION BELOW.**

- 1) What school extracurriculars or community service have you participated in? List all activities and the year that you participated in each. This can include sports, clubs, volunteer groups, etc.
- 2) What is your leadership experience in and out of school?
- 3) Describe what your goals are 5 years after graduating from high school and describe how you plan to achieve these goals.
- 4) Is there anything else you would like to share with SISW?
- 5) Please include the following information at the end of your statement:
  - a. Any community, faculty, and/or academic awards you have received and in what year you received them.
  - b. All advanced or honors courses that you have completed and are currently enrolled.

**TO BE COMPLETED BY THE COUNSELING OFFICE:**

Cumulative GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_

Please initial the following, sign your name, and date the application below.

\_\_\_\_\_ I give the Counseling Office permission to release my 1<sup>st</sup> semester transcript.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

*Please return the completed application packet to the counseling office.*

**The deadline to return the complete application is 3:30 pm on Friday March 18, 2022.**

**\*\*\*LATE APPLICATION WILL NOT BE ACCEPTED\*\*\***