



Soroptimist International of Los Angeles Fellowship Award Application For Women in Graduate Study 2016-2017

APPLICANT INFORMATION

Name:	<input type="text"/>		
Date of birth:	<input type="text"/>	Citizenship:	<input type="text"/>
Current address:	<input type="text"/>		
Phone:	<input type="text"/>	Email:	<input type="text"/>

GRADUATE STUDY INFORMATION

Where are you attending, or where have you been accepted, for graduate study?

Field of Study:

Degree Sought: Anticipated Completion Date:

Colleges and Universities Attended

Official transcripts of upper division and graduate level work must be sent directly to the Fellowship Committee

Name of College/University:	Major:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Scholastic and/or Honors Received

<input type="text"/>
<input type="text"/>
<input type="text"/>

List Offices Held in College or Professional Organizations

<input type="text"/>
<input type="text"/>
<input type="text"/>

Employment (list both full time and part time employers)

Employer:	Position/Title:	Dates Employed:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please answer the following questions on a separate sheet of paper. Responses are limited to no more than two typed pages, double-spaced, covering all three of the items listed below:

1. Define your aim or purpose of graduate study, including your career goals
2. Describe your community service activities
3. Outline your interests and hobbies

FINANCIAL NEED

Dependents:

Name: [] Age: [] Name: [] Age: []
Name: [] Age: [] Name: [] Age: []

Amount you have earned each year during your last two years of college or graduate school:

Earnings: \$ [] Year: [] Earnings: \$ [] Year: []
Earnings: \$ [] Year: [] Earnings: \$ [] Year: []

List scholarships/grants received for college or graduate school during the past two years:

Name: [] \$ []
Name: [] \$ []
Name: [] \$ []
Name: [] \$ []

Amount borrowed and still owed on previous educational loans: \$ []

Anticipated expenses for the coming school year (list whole dollar estimated amounts in each category for the entire school year)

Tuition and Fees: \$ [] Transportation: \$ []
Books: \$ [] Personal: \$ []
Living Expenses: \$ [] Other (Please Specify): \$ []
Expenses Related to Dependents: \$ [] TOTAL EXPENSES: \$ []

What resources are available for next year's expenses? (list whole dollar estimated amounts in each category for the entire school year)

Parents: \$ [] Spouse: \$ []
Savings: \$ [] Earnings: \$ []
College/University Tuition Waivers: \$ [] Awards/Grants/Scholarships: \$ []
Other (Please Specify): \$ [] TOTAL INCOME: \$ []

Current letters of reference from three unrelated persons, written specifically to support your application for this award must be sent directly to the Fellowship Committee by the author of the letter via US Mail or email. At least one of the references must be unrelated to a college or university.

A personal interview and proof of citizenship are required of finalists. Finalist interviews will be conducted prior to March 11, 2017. The winner of this Fellowship Award will be honored at a banquet on March 25, 2017.

I certify that all of the information on this form is true and complete to the best of my knowledge.

Candidate: _____ **Date:** _____

Return application and other requested documents to:
Soroptimist International of Los Angeles Fellowship Committee
Post Office Box 861897
Los Angeles, California 90086
or via email to Fellowship@SIofLosAngeles.org

COMPLETED APPLICATIONS MUST BE POSTMARKED BY DECEMBER 15, 2016

You will receive confirmation that we have received your application within five business days of receipt.
If you do not receive confirmation, please contact the Fellowship Committee at (213) 785-7322.