

**Soroptimist International of the Americas Midwestern Region
Virginia M. Wagner Educations Grant Application**

Type or print all information except signatures.

Deadline to club: January 15

**APPLICANT
DATA**

Last Name _____ First _____ Middle Initial _____
Permanent Home
Mailing Address _____ Apartment # _____
City _____ State _____ Zip Code _____ Home Phone (____) _____
Work Phone (____) _____ E-mail Address _____
Marital Status _____ Maiden Name (if applicable) _____ Date of Birth _____
How did you hear about this grant? School ___ Friend ___ Internet ___ Other ___ (specify) _____

**FAMILY
MAKE-UP**

Independent adults, complete Part A. Dependent adults, complete Part B.
A. Spouse Name _____ Occupation _____
Children Number _____ Ages _____
B. Mother Name _____ Occupation _____
Father Name _____ Occupation _____
Other Dependent Siblings Number _____ Ages _____

**HIGH
SCHOOL
DATA**

School Name _____ High School Graduation Date _____
City _____ State _____ Telephone (____) _____

**POST-
SECONDARY
SCHOOL
DATA**

Name of post-secondary school you are attending or plan to attend for the next term. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not abbreviate.**

City _____ State _____

City _____ State _____
Year in school **next** semester (circle): 1 2 3 4 5 or Graduate Study
Major _____ Enrollment status: Part-time ___ Full-time ___
Number of semesters or credits remaining before graduation: Semester(s) # _____ Credits # _____
Expected graduation date: _____ Degree sought: Bachelor ___ Masters ___ Doctoral ___
Describe previous degree(s) earned (if any) _____

GOALS

Attach a typewritten essay, limited to two pages, covering the following topics. Put your name on each page.

1. Why did you choose to enter this profession?
2. What is your ultimate goal in this profession?
3. How would this grant affect your educational plans?
4. What efforts have you and your family made toward having you obtain your degree?
5. What unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities?

TRANSCRIPT

An official transcript of grades for the past academic year **must** be sent with this application. Photo copies are acceptable. On-line transcripts are not acceptable.

ACTIVITIES, OFFICES, HONORS, AWARDS List all community or school activities in which you have participated without pay during the **past four years** (e.g., work at school or children's school, civic or cultural organizations). Note special awards, honors and offices held.

<u>Activities/Offices/Honors/Awards</u>	<u>Year(s)</u>
_____	_____
_____	_____
_____	_____

WORK EXPERIENCE Describe your work experience during the **past four years** (if homemaker, please indicate). Indicate dates of employment for each job and approximate **number of hours worked** each week. List monthly amounts earned.

<u>Employer/Position</u>	<u>From Mo/Yr</u>	<u>To Mo/Yr</u>	<u>Hours per Week</u>	<u>Earned Monthly</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL **To be considered for the grant, this information must be filled out completely.**

What do you estimate your total expenses to be: This Year _____ Next Year _____

How much of this amount is for: Books _____ Room & Board _____ Tuition _____

Other (specify) _____

If you anticipate higher expenses next year, please explain. _____

Amount you can provide from your earnings _____ Amount your spouse/parents can provide _____

From prior year IRS Form 1040: Adjusted Gross Income _____ Federal Tax Paid _____

OTHER FINANCIAL AID Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year.

<u>Name of Award</u>	<u>School where award will be used</u>	<u>Amount</u>	<u>Check One</u>
_____	_____	_____	<u>Granted</u> _____ <u>Pending</u> _____
_____	_____	_____	<u>Granted</u> _____ <u>Pending</u> _____

REFERENCES Please list three references (not relatives), one of whom is a professor at the school you attend.

<u>Name</u>	<u>Occupation</u>	<u>Address & Zip Code</u>	<u>Phone Number</u>
_____	<u>Professor</u> _____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Signature _____ **Date** _____

Mail Completed Applications and Supporting Documentation to:

**Soroptimist International of Middletown
c/o Virginia M. Wagner Educational Grant
P.O. Box 525
Middletown OH 45042**

Applications Due by January 15th