

Soroptimist International
of the Chino Valley, Inc.
P.O. Box 547
Chino, CA 91708



sichinvalley@soroptimist.net
www.sichinvalley.org
www.soroptimist.org

2018 Scholarship Application

Type of Print in Black Ink

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

High School Information

Name of High School _____

Name of College Counselor/Advisor _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Email Address _____

College Information

Please list the colleges you have applied for and circle your current status:

College _____ Applied Accepted Will Attend

College _____ Applied Accepted Will Attend

College _____ Applied Accepted Will Attend

College _____ Applied Accepted Will Attend

**Deliver a hardcopy of the
Completed application.**

Two referenced forms and essay to:

High School Counseling Office

Questions: Marcy Melendez: 909-718-3225



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Please answer questions 1 & 2 and essay question 3:

Personal Information

1. Why do you think it is important for you to continue your education beyond high school?

2. How has volunteerism affected you? What are your plans to continue your community service activities? Why do you feel it is important to do so?

3. Write a story about yourself including your special interests, future goals, ambitions and aspirations. Describe persons, events or situations which you believe have shaped your life. Please limit your answer to two pages, double-spaced and attach it to this application.

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**PLEASE LIST YOUR TOP FIVE FOR EACH CATEGORY ON THIS PAGE
RECORD OF PARTICIPATION IN EXTRACURRICULAR ACTIVITIES**

Your Grade Point Average: Non Weighted: _____
HIGH SCHOOL: (Verification required: Sponsor's Initials)

Organizations/Clubs/Sports	Office Held	Grade Level	Sponsor

OFF-CAMPUS ACTIVITIES: (Such as community volunteer services)

Activity	Verification

LIST CURRENT SCHOLARSHIP(S) AWARDED: _____

Certification: We have read and understand the scholarship Awards Rules and declare that the information reported on this application is true, correct and complete to the best of our knowledge. Our signatures also permit Soroptimist International of the Chino Valley, Inc. to use the applicant's name and photograph for publicity purposes.

Student – Applicant Signature _____

Parent/Guardian Signature _____

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REFERENCE FORM

TO BE COMPLETED BY SCHOOL FACULTY/COMMUNITY MEMBER

The purpose of this scholarship is to acknowledge the achievements of high school seniors for volunteer service in the school and community and to provide an incentive for students to continue their education.

Name of Student _____

This student has applied to Soroptimist International of the Chino Valley for a scholarship. Please include this reference form and attach a separate letter of recommendation, which MUST be written specifically for this applicant. Copies of recommendation letters for college are not acceptable. Information provided will be considered confidential. Please limit the letter to one page. In what capacity do you know student

In what capacity do you know the student? _____

Provide a description of each activity and the student's involvement. Give your evaluation of the abilities, attitudes and potential of the student and comments regarding student's volunteer service, activities, achievements and personal qualifications

Name of Faculty/Community member completing form _____

Faculty/Community position _____ Telephone (____) _____

Mailing Address _____

SIGNATURE _____ **Date** _____

**RETURN REFERENCE FORM WITH LETTER IN A SEALED ENVELOPE
DIRECTLY TO APPLICANT TO BE INCLUDED IN APPLICATION PACKET.**

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