



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

Type or print all information except signatures.

Deadline to club: January 15

Applicant must be a high school graduate or GED holder currently enrolled in a university or college as a full-time student

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 in which you are enrolled. Use official school names, please do not abbreviate.

_____ City _____ State _____
 _____ City _____ State _____

Year in school **next** semester (check): 1, 2, 3, 4, 5 _____
 Graduate Study _____ Post 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 obtaining 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?
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TRANSCRIPT

An official transcript of grades for the past academic year **must** be sent with this application. Photocopies 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 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. Please attach letters of reference.

<u>Name</u>	<u>Occupation</u>	<u>Address and Zip code</u>	<u>Phone Number</u>
_____	<u>Professor</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the designated club to which I have submitted this application if there are any changes.
- I understand that this award is not a scholarship and is therefore taxable for citizens of the United States. (For more information, consult IRS publication 520.) I understand that I will receive a 1099 tax form for any award over \$600.
- I certify that this is the only application I have made this year for a Virginia M. Wagner Grant or for a Live Your Dream Award from this or any other Soroptimist club.
- I understand that my application becomes the property of Soroptimist International of the Americas, Midwestern Region. The application will be considered confidential, unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the Soroptimist Virginia M. Wagner Grant. By typing or signing your name below, you adhere to the above requirements.

This certifies that I am a resident of Ohio, Illinois, Indiana, Wisconsin, Michigan, or Kentucky.

Applicant Signature _____ **Date** _____

I have read and agree to the release of my information to the media including, but not limited to, newspapers, magazines, or other print or electronic media.

Accept

Decline

Applicant Signature _____ **Date** _____