



Soroptimist International of the Americas Midwestern Region  
Virginia M. Wagner Educational Award Application 2024



Type or print all information except signatures.

Deadline to club January 15, 2024

**Applicant must be a high school graduate or GED holder currently enrolled in a university or college.**

**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 \_\_\_\_\_

Undergraduate Study \_\_\_\_\_ 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) \_\_\_\_\_

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**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.

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**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>
_____	_____
_____	_____
_____	_____
_____	_____

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**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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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**FINANCIAL** **To be considered for the award, 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 \_\_\_\_\_

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**OTHER FINANCIAL AID** List the name and annual amount of any grants, awards, 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>	
_____	_____	_____	Granted _____	Pending _____
_____	_____	_____	Granted _____	Pending _____
_____	_____	_____	Granted _____	Pending _____

**REFERENCES** List three references (not relatives), one of which is a professor at the school you attend and 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 certify that this is the only application I have made this year for a Virginia M. Wagner Educational Award 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 Educational Award. 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** \_\_\_\_\_