



SOROPTIMIST

Best for Women

**Soroptimist International of Helena
Margaret Chivers Scholarship**

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ Email Address: _____

Parents Names: _____

Date of Birth: _____ High School Attending: _____

Student Activities (including any office held): _____

High School Awards & Honors: _____

Other Scholarships Applied For: _____

Employment (if any): _____

College or University Planning to Attend (must be a 4 year college): _____

Area of Interest in College: _____

How do you intend to finance your college education(please list any special circumstances): _____

Method of Payment	%	Type	Method of Payment	%	Type
Scholarship			Work		
Financial Aid			Parent Support		
Loans			Savings		
Work Study					

By my signature, I certify to the best of my knowledge that the contents of this application, essay and letter of recommendations are true and accurate.

Sign: _____ **Date:** _____

Counselor Verification

Number in Graduating Class _____ **Rank in Class** _____ **GPA** _____

Counselor Signature _____ **phone** _____

Note: Applicant may attach additional sheets if necessary.

Please mail completed application to: Soroptimist International of Helena

PO Box 1216

Helena MT 59624

Questions, please contact Jeannie Keller, Scholarship Co-Chair, at 443-4843.