



SOROPTIMIST

Best for Women

The Lynne Martin Memorial Scholarship Application

PERSONAL/CONTACT INFORMATION (Please Print or type)

Last Name		First Name		Middle Initial	Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Mailing Address					
City				State	Zip
Home Number	Work Number	Cell Number	Email		

EDUCATIONAL INFORMATION

Anticipated student status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Degree you are seeking	College or Institution
Expected completion date	Do you qualify for financial assistance at the institutions that you have received acceptance. <input type="checkbox"/> Yes (if yes, please describe below) <input type="checkbox"/> No

SUPPORTING MATERIALS CHECKLIST

<input type="checkbox"/> Letter of Intent. Include a letter explaining how this education will make a positive difference for you.
<input type="checkbox"/> Two (2) Letters of Recommendation
<input type="checkbox"/> Academic Performance. Provide a copy of your most recent transcript showing your current cumulative GPA.

SIGNATURE OF COMMITMENT AND UNDERSTANDING

I understand the scholarship is limited to education-specific expenses that I am required to pay that are not being met by government allowances resulting from military service, other financial aid, or private scholarships. I further understand the Education Scholarship Committee will make all final decisions regarding eligibility and the awarding of scholarships. I understand that the scholarship may be subject to federal income tax, and that I am responsible for consulting with my tax advisor to determine any tax-related implications, including proper reporting of the scholarship.

Signature		Date
Soroptimists International of Greater North Kitsap (SIGNK) P.O. Box 1594 Poulsbo, WA 98370 www.signk.org		For office use only Received: _____ Reviewed: _____