

# APPLICATION FOR THE JANE ROBISON SCHOLARSHIP SOROPTIMIST INTERNATIONAL OF DODGE CITY

1. Name \_\_\_\_\_  
Last First Middle or Maiden

Spouse \_\_\_\_\_  
(If Applicable)

2. Home Address \_\_\_\_\_  
Street City

County State Zip Phone Number

Email Address \_\_\_\_\_

3. Parents: \_\_\_\_\_  
Father's Name and Address

\_\_\_\_\_ Mother's Name and Address

4. Siblings: \_\_\_\_\_  
Name and Age Name and Age Name and Age

\_\_\_\_\_ Name and Age Name and Age Name and Age

5. Place of Birth \_\_\_\_\_ 6. Date of Birth \_\_\_\_\_

7. Education \_\_\_\_\_  
School Address Date

\_\_\_\_\_ School Address Date

8. Activities, Clubs, Honors, Interests (inside and outside school)

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9. What are your career plans? (Use a separate sheet if necessary.)

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10. What school will you be attending? Why did you choose this school?

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11. Please attach letters of reference from three people who know you well. List names and addresses below.

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# FINANCIAL STATEMENT

## INCOME

1. Are you  unemployed  self-employed  
 part-time employed  full time employed

2. Complete the following for the past 12 months:

Applicant's	Employer	Address	Dates	Monthly	Income
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3. Will you be employed while attending school?  Yes  No  
If yes, what is your expected monthly income? \$ \_\_\_\_\_

4. Do you live with parents or guardians to whom you look for support?  Yes  No  
If yes, what is their gross monthly income? ~ \_\_\_\_\_

5. In the past 12 months, have you received any other income, including scholarships, business or public assistance support?

Yes  No If yes, in what amount and from what source?

\$ \_\_\_\_\_ Source: (Use back of sheet if necessary)

6. Have you any available cash for college in savings or checking accounts, CD's or other sources?

Yes  No If yes, what amount? \$ \_\_\_\_\_



, TERMS OF SOROPTIMIST SCHOLARSHIPS

- A. Applicants must be 2011 graduating high school seniors, residing in one of the following counties - Ford, Gray, Kiowa, Edwards, Clark, Meade, or Hodgeman.
  - B. Applicants may be asked to participate in a personal interview.
  - C. The award may be granted on
    - 1. the basis of need.
    - 2. evidence of achievement
    - 3. statement of educational goals and objectives.
  - D. The award will be paid after proof of enrollment has been provided.
  - E. **Incomplete applications will be disqualified.**
12. Send this completed application with one page (8\_ x 11), handwritten letter outlining your educational plans and the reason you believe the Jane Robison Scholarship will help you achieve those plans to the Soroptimist Scholarship Chairman listed below. Also, enclose a copy of your school transcript.

Applications must be **postmarked** no later than **March 31, 2011.**

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Applicant Signature

Date

Chairman: Donna Haskins  
P.O. Box 176  
Dodge City, KS 67801

Attach recent photo here. (Optional)

(Photo will not be returned)