



Soroptimist
INTERNATIONAL OF HAVRE DE GRACE

P.O. Box 848
Havre de Grace, Maryland 21078

January 2019

TO: GUIDANCE COUNSELOR.

FROM: SOROPTIMIST SCHOLARSHIP COMMITTEE

As requested we have emailed the Soroptimist International of Havre de Grace 2019 Scholarship Applications. Our scholarships are awarded to female graduating students only. Scholarship amounts will range from \$1000-\$1500 in each of the following categories:

FOUR (4) Academic

One (1) Art

Two (2) General

One (1) Photography

Please ensure the scholarship applications are made available to all eligible female graduating students. Applications submission receipt deadline is April 5, 2019.

MAIL TO: Soroptimist International of Havre de Grace

Scholarship Committee

P.O. Box 848

Havre de Grace, Md. 21078

All recipients will be presented their scholarship award at our Annual Youth Awards Dinner held May 14, 6pm at the Bayou Restaurant in Havre de Grace. Recipients should be prepared to share a little about themselves and their future goals.

Thank you for your support and guidance to our students in your care.

Soroptimist International of Havre de Grace

Scholarship Committee

DISCLAIMER: Family members of Soroptimist International of Havre de Grace members are not eligible to apply for this scholarship.



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SCHOLARSHIP APPLICATION

1. Describe your family (include members, ages, employment and other information that you consider important).

2. What is your reason for seeking this monetary award?

3. Are you aware of other scholarships you will be receiving?

SCHOLARSHIP APPLICATION

4. What is your educational career goal for the future?

5. What are your special interests and activities? (Include civic, religious, extra-curricular activities and part-time employment).

6. Enclose one recommendation from a teacher or a family friend.

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Student Signature_____

Date_____



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TO: GUIDANCE COUNSELOR
FROM: Soroptimist Scholarship Committee

SUBJECT: Scholarships to be awarded to eligible female students graduating from high school in 2019.
DEADLINE: Applications must be received by April 5, 2019

STUDENT NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

HIGH SCHOOL: _____

COLLEGE PLANNING TO ATTEND: _____

PURSUING CAREER IN: _____

ENCLOSE COPY OF HIGH SCHOOL TRANSCRIPT. PLEASE HAVE STUDENT COMPLETE PAGES 1 & 2 OF THE APPLICATION & RETURN TO SOROPTIMIST INTERNATIONAL HAVRE de GRACE, SCHOLARSHIP COMMITTEE, P O BOX 848, HAVRE de GRACE, MD, 21078

SUBMITTED BY: _____

COUNSELOR