

Soroptimist International of New York City Education Scholarship Program

The Soroptimist International of New York City (SINYC) Education Scholarship Program gives candidates the resources they need to improve their education, skills, and employment prospects. Eligible applicants must be candidates who provide the primary financial support for themselves or their families and who are enrolled in or have been accepted to an accredited vocational/skills training program or an academic undergraduate degree program.

INSTRUCTIONS

Deadline: Applications are due each year by April 1 to the address listed in Step 4. Award recipients will be notified between April and June. Not all applicants to the program will be selected as recipients.

STEP 1: DETERMINE IF YOU ARE ELIGIBLE

Eligible applicants must:

- Provide the primary financial support for themselves or their families (including children, spouse, siblings and/or parents);
- Have financial need;
- Be enrolled in or have been accepted to an accredited vocational/skills training program or an academic undergraduate degree program;
- Have not previously been the recipient of a Soroptimist award; and
- Have good academic standing.

STEP 2: OBTAIN REFERENCES

You will need two different people to write a reference letter. Please ask your references to send the reference letter to: Soroptimist International of New York City, Attention: Aliye Celik, aliyepcelik@gmail.com.

STEP 3: SUBMIT YOUR APPLICATION

After completing the application (see Steps 4 through 8), send it to the contact person listed below by April 1st. You can send the application via email, fax, or regular mail.

Contact Person: Aliye Celik

Email Address: aliyepcelik@gmail.com

Fax Number: (212) 223-2895

Mailing Address: P.O. Box 3196, New York, New York 10163

STEP 4: FILL OUT THE APPLICATION FORM

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____
(Street Address) (City/Province)

(State) (Postal/Zip Code) (Country)

Telephone: _____ (area code first) E-mail Address: _____

Date of Birth: _____ Marital Status: _____

Number of People Applicant Supports Financially: _____

Relationship to Applicant (children, spouse, parent, etc.): _____

Ages (if children): _____

STEP 5: CAREER GOALS

A. Please list the school you are currently attending, or to which you have been accepted, and your proposed program of study (example: San Jose State University, four-year Bachelor of Science degree program in Nursing): _____

B. Anticipated completion date of your program of study (month and year): _____

C. Are you currently employed? YES NO If yes, how many hours per week do you work? _____

D. Please describe (in 300 words or less) how your education and/or skills training support those goals (please use separate sheet of paper).

E. Please submit proof of academic standing (transcript or letter).

F. Are you recommended by a Soroptimist as a family member? YES NO If yes, please include the letter of introduction by that person, and do not send financial status.

STEP 6: PERSONAL STATEMENT

The SINYC Education Scholarship aids students who have faced economic and personal hardships, and are seeking to gain education, additional skills, training as a means to achieve their career goals, and earn a living. The program aims to help to candidates who demonstrate financial need. The scholarship will be paid to the institution of learning for the education of the award winners. Please tell us in 750 words or less how these statements apply to you, and why you would deserve an SINYC Education Scholarship (please use separate sheet of paper).

STEP 7: FINANCIAL NEED

The SINYC Education Scholarships are given to those candidates who demonstrate financial need. Your total income will be compared to your total annual expenses. Please be as exact as you can.

A. Total annual household income from all sources (include your income from employment, savings, child support, alimony, Social Security benefits, government assistance, and school loans or scholarships. Also include all income received by any other household members). \$ _____

B. Please list your annual educational expenses only.

Tuition/School Fees Books: \$ _____

Other (please describe): \$ _____

C. Please list your or your family's annual living expenses in the chart below.

Housing	Food	Childcare	Utilities	Medical	Transportation	Other

Also please either submit the financial aid report or the first two pages of your and/or your parent's tax return.

STEP 8: AGREEMENT

- I certify that all information provided in this application is complete and accurate to the best of my knowledge.
- I understand that this award is a scholarship and is therefore payable to the school only to cover the cost of the school in part.
- I certify that this is the only application I have made this year for an SINYC club scholarship or grant.
- I understand that my application becomes the property of SINYC.

This application will be considered confidential, unless the applicant grants SINYC written permission to release personal information for the purpose of publicizing the program. By signing your name below you agree to the above requirements.

Signature

Date