**The Soroptimist International NYC Education Scholarship Program**

 This scholarship gives candidates the resources they need to improve their education, skills, and employment prospects. Eligible applicants must be candidates who need to reduce their loan amount or to 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.
 The Soroptimist Education Scholarship aims to help students who have faced economic and/or 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 candidates who are successful in their studies and demonstrate financial need. The scholarship will be paid to the institution of learning for the education of the award winners. Please tell us in 400-750 words how these statements apply to you, and why you would deserve an Education Scholarship.

**INSTRUCTIONS**
Deadline: Applications are due each year by April 1st.  Award recipients will be notified by the end of June. Not all applicants to the program will be selected as recipients.

**STEP 1: DETERMINE IF YOU ARE ELIGIBLE**

Eligible applicants must:
• Provide primary financial support for themselves or their families (including children, spouse, siblings and/or parents)

or
• Have demonstrated financial need.
• Are 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

• Have good academic standing.(C and above average)

**STEP 2: OBTAIN REFERENCES**
You will need two letters of recommendation. Please ask your references to send the letter to Soroptimist International of New York City, directly, at aliyepcelik@gmail.com.

**STEP 3: SUBMIT YOUR APPLICATION**
Attach your completed application to an email and send it to the contact person listed below by 1 April by email.

Contact Person  Aliye Celik
Email Address  aliyepcelik@gmail.com

Fax Number 212-223-2895

**STEP 4: Fill out the Application Form**
Name (last, first, middle initial)
Address (number and street address)
City/Province State Postal 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 (of 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). With the copy of acceptance letter or proof of registration.
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 tell us in 400-750 words why you would deserve an Education Scholarship and how your education and/or skills training will support your goals.

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

**STEP 6: FINANCIAL NEED**
The Soroptimist Education Scholarships are given to those candidates who demonstrate financial need.

Please either submit the financial aid report or the first 2 pages of your and/or your parent's tax return

**Step 7: 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 a Soroptimist club scholarship or grant.
• I understand that my application becomes the property of Soroptimist International of New York City. The application will be considered confidential, unless the applicant grants Soroptimist 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