

SOROPTIMIST INTERNATIONAL OF CALDWELL

ETHEL PENNY MEMORIAL TRUST EDUCATION AWARD APPLICATION

NAME: _____ TELEPHONE _____

ADDRESS: _____

AGE _____ DATE OF BIRTH _____ PLACE OF BIRTH _____

SCHOOL CURRENT OR LAST ATTENDED _____

YEARS IN CANYON COUNTY _____ NUMBER OF BROTHERS AND SISTERS _____

PARENTS NAMES _____ DO YOU LIVE AT HOME? _____

HAVE YOU EVER BEEN EMPLOYED? _____ NAME OF COMPANY _____

LIST CLUBS, SOCIETIES, ORGANIZATIONS YOU HAVE BELONGED TO _____

RECREATIONAL ACTIVITIES YOU ENJOY MOST _____

EDUCATIONAL/VOCATIONAL GOALS _____

NAME OF SCHOOL YOU PLAN TO ATTEND _____

ENTRANCE REQUIREMENTS MET? _____ HAVE YOU BEEN ACCEPTED? _____

SELECTION WILL COVER THE FOLLOWING AREAS:

A: ACADEMIC QUALIFICATIONS: Attach grades transcript covering grades 9 through 12

B: CHARACTER: Describe your opinions on courage, honesty and dependability, and state how these values apply to your life.

C: CITIZENSHIP: Outline contributions you feel you can make through pursuing your chosen career and being a part of your community.

D: FINANCIAL NEED: State factors for committee evaluation of economic, physical and environmental situation of applicant.

Please compose a brief letter covering these areas and mail it, together, with this application and your transcript to SOROPTIMIST INTERNATIONAL OF CALDWELL, ETHEL PENNY MEMORIAL TRUST AWARD COMMITTEE, C/O Susan Davis 222 West Pat Lane Caldwell ID 83607 by March 31, 2024.