

SOROPTIMIST INTERNATIONAL OF CAMARILLO

SCHOLARSHIP APPLICATION

Static Form

Print and return with attachments

Personal Information

Last Name: _____ First _____ M.I. _____ Home phone _____

Address Number & Street: _____ City: _____ Zip: _____

I have resided continuously in Ventura County since (month/year) _____

Social security Number: _____ Age: _____

Parent(s) or Guardian Name(s) _____ Home phone _____

Education/Work Information

Current School -

Name & City: _____ Dates Attended: _____

Other Secondary School(s) Attended

Name & City: _____ Dates Attended: _____

Date of High School Graduation: _____ Grade Point Average: _____ (Weighted) _____ (unweighted)

Most recent SAT Score: _____ ACT Score: _____

Have you been accepted by CSUCI? Yes No Course of Study: _____

Expected degree and date of graduation: _____

List any school including offices held and awards received: (attachments may be added)

<u>Activity</u>	<u>Offices/Awards</u>	<u>Period of Involvement</u>
_____	_____	_____
_____	_____	_____

List work experience during the last four years: (attachments may be added)

<u>Type of work</u>	<u>Name of Company</u>	<u>Avg. Hours per week</u>	<u>Length of Time</u>
_____	_____	_____	_____
_____	_____	_____	_____

Community Service

List community activities: (attachments may be added)

<u>Organization</u>	<u>Position/Awards</u>	<u>Avg. Hours per week</u>	<u>Length of Time</u>
_____	_____	_____	_____
_____	_____	_____	_____

Letters of Recommendation (2 required)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Signature

I attest that all the preceding statements are true.

Signature: _____ Date: _____