

## *Soroptimist International of Albany Community Service Scholarship Application*

One graduating senior from Albany Options School, South Albany High School or West Albany High School will be selected for this award. The recipient will receive a scholarship in the amount of \$1,000 to a post-secondary institution: four year college or university, community college, junior college, or business or trade school. **The Scholarship will be paid directly to the institution; verification of enrollment will be necessary for disbursement.**

Criteria:

1. Must have GPA 2.0 or higher.
2. Must complete and turn in application and essay on time.
3. Must be a high school senior enrolled at Albany Options School, South Albany High School or West Albany High School

Please include the following additional information on the attached pages. Download this document and save, then email to [siofalbany@gmail.com](mailto:siofalbany@gmail.com).

1. Please describe your college or post-high school training and career plans.
2. What is your understanding of the role/mission of Soroptimist International and Soroptimist International of Albany?
3. Please include an essay, up to 750 words. Choose one:

**Tell us where you volunteer and why.** Describe the goals of the organization and its impact on the problem(s) it addresses. What is your role in the organization? What have you accomplished as a volunteer? Why did you choose to volunteer?

**Tell us about a time you were positively influenced by a volunteer.** What was special about that volunteer? What did they do to help you? How did that influence how you want to help others?

4. **List of volunteer activities or projects.**
5. List of extracurricular school activities, honors awards, sports. If none, include an essay about a personal obstacle you had to overcome to achieve a goal, and what that goal was.
6. List of current and/or previous employers, if applicable.
7. Two letters of recommendation (non-family members only) - one must be from an organization or individual **with whom you have volunteered, or from a volunteer you know.**

Selection Process: A scholarship committee will make the final selection. *Please note: this scholarship focuses on Volunteerism; academic success and extracurricular activities are not the primary consideration for this award.* We will notify the winner by email and phone.

**Application website:** [www.sialbany.org/award](http://www.sialbany.org/award)

**Deadline: Postmarked or emailed on or before March 31**

Mail to: Soroptimist International of Albany  
Attn: Student of the Year Committee  
P.O. Box 1475

Email to: [siofalbany@gmail.com](mailto:siofalbany@gmail.com)

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(Page 2/3) Please complete all blanks, including the counselor's verification.

Name of applicant: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ GPA: \_\_\_\_\_ **Counselor Verify:** \_\_\_\_\_

Email address: \_\_\_\_\_

High School: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

College or Program you will be attending: \_\_\_\_\_

Please provide the following information. Attach additional pages as necessary:

1. Please describe your college, post-high school training and career plans:

2. What is your understanding of the role or mission of Soroptimist International of the Americas (SIA) and the local club Soroptimist International of Albany? (visit [Soroptimist.org](http://Soroptimist.org) and [sialbany.org](http://sialbany.org) to learn more)

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- **Email an Essay of 750 Words – Choose one topic, make sure your name is on the Essay.**



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○ **Volunteer activities or projects**

Activity/Organization	Position/Office	Hours/Week	Freshman	Sophomore	Junior	Senior	Awards/Honors

○ **Extracurricular school activities, sports teams, honors and awards**

*If none, please attach an additional essay of no more than 250 words about a personal obstacle you had to overcome to achieve a goal, and what that goal was.*

Activity	Position/Office	Hours/Week	Freshman	Sophomore	Junior	Senior	Awards/Honors

○ **Work Experience**

Employer	Year	Hours/Week	Position Held

○ **Send us two Letters of Recommendation – [siofalbany@gmail.com](mailto:siofalbany@gmail.com), make sure your name is included in the letter or the email.**

Additional Materials (Optional)

Please feel free to submit any supporting materials that you think we should see (for example: school projects, newspaper clippings, photographs, etc.), and separate pages for the information above. Additional materials are optional.

Agreement:

- *I certify that all the information provided in the application is complete and accurate to the best of my knowledge.*
- *I understand that my application and supporting materials become the property of the Soroptimist International of Albany, and that SIA shall have sole discretion in using these materials for the purpose of publicizing the Student of the Year Award.*

*By typing or signing my name below, I confirm this agreement.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_