

Soroptimist International

of Sequim

P.O. Box 126

Sequim, WA

98382, U.S.A.

info@sisequim.org www.sisequim.org

CONTINUING EDUCATION SCHOLARSHIP APPLICATION

Name:			Phone:	
Mailing	g Address:			
High S	chool Attended:		_Year Graduated:	
College	/University:			-
Personal Reference:			Phone:	
Referer	ice Email Address:			_
		ing GPA (does not need to	be an official transcript)	*
Using a	n additional sheet of pap	er, please address the follo	owing:	
1.	Your course of study, ecommunity.	educational achievements,	career goals, your commitment	to
2.	Your situation that crea	ates financial need and wh	at you are doing to remedy it.	
*****	*******	********	*********	*
	Si	gnature	Date	_

Return complete & signed application to: SI Sequim, PO Box 126, Sequim, WA 98382 Applications must be postmarked no later than August 15, 2019 Improving the lives of women and girls, in local communities and throughout the world.