**AWARD AMOUNT: $1000.00 CDN**

INSTRUCTIONS:

Completed application **deadline is February 28th each year** at the email address below. Applicants will be notified of their status by APRIL 1 via e-mail. Incomplete or late applications will not be considered. All inquiries relating to applications should be made to the club contact person below.

ELIGIBILITY:

* Open to full-time female Trent students who are currently enrolled at Trent University.
* Applicants should demonstrate initiative in identifying problems related to women and girls and suggest possible solutions.
* Successful applicants will provide documentation as to volunteer experience, with the application.

SOROPTIMIST CLUB CONTACT: Awards Committee Chair

EMail Address: [sipeterborough@soroptimist.net](about:blank)

**APPLICANT INFO:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Name**  Enter first name | | | **Last Name**  Enter last name | | |
| **Street Address**  Enter Street Address | | | | **Apt #**  Enter Apt #. | |
| **City**  Enter city | | **Prov** | | **Postal Code** | Enter Postal |
| **E-Mail**  Enter e-mail address | | | | **Phone #**  Phone # with area code | |
| **Program @ Trent**  Area of study | **Enrollment Year**  Enter year | | | **Expected**  **Grad Year**  Enter year | |

**VOLUNTEER INFORMATION:**

|  |  |
| --- | --- |
| Name of Volunteer Organization  Name of organization | |
| Reference Name  Click here to enter text. | |
| Reference E-Mail  Enter your reference’s email | Ref Phone #  Phone # |

How has your volunteer experience influenced your life’s path?

Click here to enter text.

What life experiences have shaped who you are today?

Click here to enter text.



At the moment, what are your plans upon graduation?

Click here to enter text.



Soroptimist International is an organization whose mission it is to educate, empower and enable women and girls to lead in big and small ways in their local communities and across the world. Name 2 of the most important things you believe would be important to the accomplishment of this goal and help us understand why you think they are so important (Max. 250 words)

Click here to enter text.

Additional Materials (Optional)

Please feel free to submit any supporting materials that you think we should see (for example, newspaper clippings, photographs, etc.). Additional materials are optional. Make sure that your name and phone number are on all additional materials.

Agreement

• I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the designated club to which I have submitted this application if there are any changes.

• I understand this award may be taxable in Canada. Recipients from other countries should check their local tax laws.

• I certify that this is the only application I have made this year for a Soroptimist Trent Award from this Soroptimist club.

• I understand that my application and supporting materials become the property of Soroptimist International of PETERBOROUGH (SIP) upon submission, and that SIP shall have sole discretion in using these materials for the purpose of publicizing the Soroptimist Trent Award Program

By typing your name and providing your signature below you adhere to the above requirements:

|  |
| --- |
| Applicant Name (typed):  Click here to enter text. |
| Applicant Signature: |
| Date:  4 February 2022 |