



SOROPTIMIST  
Best for Women®

*Improving the lives of women and girls  
through programs leading to social  
and economic empowerment.*

## SOROPTIMIST INTERNATIONAL OF INDIAN ROCK, INC.

### Dream It, Be It (DIBI) Scholarship Application

*Soroptimist is a global women's organization whose members volunteer to improve the lives of women and girls through programs leading to social and economic empowerment. This scholarship is open to high school seniors who have participated in at least one Dream It, Be It (DIBI) conference sponsored by Soroptimist International of Indian Rock. It is a one-time grant of a minimum of \$1,500. It can be used for expenses incurred, i.e. tuition, books, supplies, room and board. Payment of the scholarship will be made directly to the school that the recipient will be attending.*

**Criteria:** The scholarship is awarded on the basis of community service performed and financial need.

**Eligibility:** Applicant must be a female graduating senior who has been accepted at a post-secondary institution and who has attended at least one DIBI conference. Applicant must be a resident of Bucks County, or be recommended by a member of Soroptimist International of Indian Rock.

**Include** with the application:

- Transcript of grades. (Official transcript with seal is not required.)
- Proof of college acceptance.
- Annual cost of education.
- List of financial resources and assistance.
- Description of service to others and extra-curricular activities.
- A typed essay, not to exceed 500 words, that describes your life goals and how you plan to achieve them. Include answers to the following questions in your essay. What stood out for you at the Dream It, Be It (DIBI) conference? What did you learn that you will take with you to college?

**To email application:**

**Save document as: SIIR 2019 DIBI Scholarship (your name)**

**Type this same information in the Subject of your email.**

**Send application and documents to:**

[scholarship-committee@soroptimistindianrock.org](mailto:scholarship-committee@soroptimistindianrock.org)

**APPLICATION DEADLINE IS APRIL 17, 2019.**

**PERSONAL/CONTACT INFORMATION**

|                 |             |            |  |                |     |
|-----------------|-------------|------------|--|----------------|-----|
| Last Name       |             | First Name |  | Middle Initial |     |
| Mailing Address |             |            |  |                |     |
| City            |             |            |  | State          | Zip |
| Home Number     | Cell Number | Email      |  |                |     |

**GENERAL INFORMATION**

|   |  |            |
|---|--|------------|
| Father/Guardian name & address if different from yours              |  | Occupation |
| Mother/Guardian name & address if different from yours              |  | Occupation |
| Brothers, Sisters and age. <b>Circle or underline if in college</b> |  |            |
| High School Presently Attending                                     | College/University/School you will be attending/major if known |            |

**ACTIVITIES (include number of hours)**

Community Service:

Extra-curricular:

Academic honors, special achievements:

**EMPLOYMENT INFORMATION**

Recent employer and address and how long:

Duties performed:

**Financial Information**

Annual Family Income (Combined Parents' ) \_\_\_\_\_

FAFSA filed: Y or N? FAFSA Expected Family Contribution:

|   |  |
|---|--|
| <b>Annual Cost of Education:</b><br>Tuition _____<br>Room & Board _____<br>Books & Supplies _____<br>Other _____<br>TOTAL _____ | <b>Sources of Your Education Funding:</b><br>Itemize scholarships and grants _____<br>_____<br>_____<br>_____<br>Student Loans _____<br>Work Study, other _____<br>TOTAL _____ |
|---|--|

|   |   |
|---|---|
| <b>Shortfall between education cost and funding expected:</b> | <b>How do you plan to fund the financial shortfall?</b> |
|---|---|

**APPLICANT AGREEMENT**

I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of Indian Rock, Inc. if there are any changes.

I understand the scholarship is limited to education-specific expenses that will be paid directly to the institution. I further understand the Scholarship Committee will make all final decisions regarding eligibility and the awarding of scholarship.

I understand that my application may be submitted electronically for evaluation.

I understand that my application becomes the property of Soroptimist International of Indian Rock, Inc. The application will be considered confidential.

By signing or typing your name below, you adhere to the above requirements.

|                        |      |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

**INCOMPLETE APPLICATION PACKAGES WILL NOT BE CONSIDERED. APPLICATION DEADLINE IS APRIL 17, 2019**