

PART II. EDUCATION

A. List high school(s) and college(s) attended.

SCHOOL	LOCATION	DATES ATTENDED	FIELD OF STUDY	GRADUATION DATE/DEGREE

B. Discuss your educational achievements. Consider your grade point average, your course load, school committees you may have worked on, student government, etc. Only cite examples of recent accomplishments (within the last five years).

PART III. POTENTIAL FOR ADVANCEMENT

A. Upon completing the course of study for which this aid is being requested, what are your plans? (Please attach an extra sheet of paper if the space provided is insufficient).

B. What would you consider to be your greatest contribution in time and energy to your school, home, or community in the past five years? Why?

PART IV. FINANCIAL NEED

A. Please sign the attached release form so that Soroptimist International of Middletown can obtain a copy of your Financial Information Summary.

B. Are you currently employed? ___yes ___no

If yes, where do you work? _____

C. Discuss your financial need below. Describe any special fees, expenses, family obligations, etc.

PART V. SIGNATURE

The information in this application is true to the best of my knowledge. In addition, I authorize Miami University to release a transcript of my grades to Soroptimist International of Middletown *and authorize any Miami Middletown faculty member providing a recommendation to have access to academic records.*

Applicant's Signature

Date

Financial Information Summary

COMPLETED BY APPLICANT

Soroptimist International of Middletown, Ohio

I authorize Miami University to release the information requested below to Soroptimist International of Middletown, Ohio for consideration during the scholarship selection process.

Student Name: Last First Middle SS#

Address: Street City & State Zip Code

Student's Signature: Date:

Parent/Guardian Signature: Date: (If student is not 18 years old)

COMPLETED BY FINANCIAL AID OFFICE

(TAKE THIS PAGE TO THE MUM FINANCIAL AID OFFICE)

Financial Information Summary

To the Financial Aid Office:

The Scholarship Committee wishes to thank you for your assistance. The above named student has applied for a scholarship. Please complete the following information and return directly to:

Soroptimist International of Middletown, Ohio
P.O. Box 525
Middletown, OH 45042

Actual College Tuition Cost (per year) \$
Estimated Parent Contribution (based on federal guidelines)
Estimated Student Contribution (based on federal guidelines)
Calculated Need \$

This student was evaluated as: a dependent an independent student

Does this student demonstrate financial need under Federal Methodology? yes no

If the student did not demonstrate need according to federal guidelines, do you believe there are circumstances that would warrant special consideration? Please explain:

Package Offered:

Gift Aid College Gift Aid/Grants \$
Scholarships
Federal Grants/Pell & SEOG
Other scholarships, grants

Self-Help Aid Stafford Loan
Perkins Loan
Institution Loan
Work Study (CWS)
Other

Total Financial Aid Offered: \$
Unmet Need (need minus aid)

Person completing this form Title: Phone:

FAILURE TO COMPLETE THIS FORM WILL PRECLUDE APPLICANT FROM SCHOLARSHIP CONSIDERATION.