



# SOROPTIMIST FOUNDER REGION FELLOWSHIP APPLICATION FORM

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_  
(Miss/Ms./Mrs.)

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box, including any C/O or Unit Number  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone No.: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Enter all phone numbers as a 10-digit number with no dashes

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

Field of Study: \_\_\_\_\_ Date of Advancement to Candidacy: \_\_\_\_\_

Title of Dissertation/Project\*\*: \_\_\_\_\_

Name of Institution you are attending: \_\_\_\_\_

Units Completed \_\_\_\_\_ Units remaining: \_\_\_\_\_ Anticipated Date of Completion: \_\_\_\_\_

**All of the following items MUST be included with this application or the entire package will be disqualified.**

1. Autobiographic sketch: Submit a maximum of 5 pages, double-spaced, 12 pt. font.  
Include family background, extracurricular activities, hobbies, interests, volunteer work, experiences with mentoring women and girls, future plans, etc.
2. Description of dissertation/project: Submit a minimum of 3 and a maximum of 5 pages, double-spaced, 12 pt. font.
  - a. Include a comprehensive statement of purpose and **HOW YOUR AREA OF STUDY IMPROVES THE LIVES OF WOMEN AND GIRLS AND/OR CONTRIBUTES TO THE WELFARE OF HUMANITY. We want to know how your work will support the mission of Soroptimist: "To improve the lives of women and girls through programs leading to social and economic empowerment."**
  - b. \*\*If your doctoral program is in the law or medical field and does not require a dissertation or project, please describe in detail your area of study or focus.
3. Fully completed "Estimated Monthly Expenses and Income for the Fiscal Year" form.
4. University transcripts of all graduate work completed and proof of university registration.
5. Copy of official statement from the university or college of your advancement in the doctoral program: orals, language requirements, dissertation/project.
6. Two confidential letters of recommendation, sent separately by e-mail, but must arrive by 1/15/19.

Doctoral Committee Chair Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Faculty Member Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Material other than the letters of recommendation and transcripts must be sent in a single package to the Fellowship President by email. Letters of recommendation and copies of official transcripts can also be sent by email. All material must be sent no later than **January 15th, 2019**. Any material sent after that date will not be accepted. Failure to comply with these requirements will result in disqualification.**

Send to: Founder Region Fellowship President Pam Parker  
**Email: [frfpresident@gmail.com](mailto:frfpresident@gmail.com)**  
1851 Madrona Avenue, St. Helena, CA 94574  
Tel.: 707-963-5410

I certify that the information provided in this application is true and correct as of the date below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT NOTE:** Semifinalists will be required to appear for a personal interview **March 1 or 2, 2019** for Hawaii candidates and **March 9 or 10, 2019** for California candidates. Finalists will be notified and invited to attend the Soroptimist Founder Region Conference in San Ramon, California to be recognized by the membership on **Friday evening, May 3, 2019** and to receive their awards.

