



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 and supports the mission of Soroptimist: "Soroptimist is a global volunteer organization that provides women and girls with access to the education and training they need to achieve 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 **January 15, 2020**.

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 sent no later than **January 15, 2020. 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
1851 Madrona Avenue, St. Helena, CA 94574
Tel.: (H) 707-963-5410 (C) 707-322-9048

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 **February 28 or 29, 2020** for Hawaii candidates and **March 7 or 8, 2020** 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 1, 2020** and to receive their awards.

