



S O R O P T I M I S T

Best for Women®

APPLICATION

SHANTHI SAMUEL MEDICAL SCHOLARSHIP

(For Winfield High School Graduating Seniors Only)

Full Name: _____

Home address: _____ Email: _____

Parents names: _____

Date of Birth: _____ Phone: _____ Current GPA: _____

College you plan to attend: _____

Study in what field? _____

Do you work outside of school? If so, where and how many hours per week? _____

Volunteer hours? _____ Where? _____

Honors and Awards received in high school: (use separate sheet if necessary) _____

List of high school activities: (use separate sheet if necessary) _____

Describe your educational goals and plans for the future. Elaborate how this scholarship will help you reach your goals. Use additional pages and attach to this application.

PLEASE NOTE: THIS OFFICIAL SOROPTIMIST APPLICATION OR A COPY THEREOF WILL BE THE ONLY APPLICATION ACCEPTED.

Please include two letters of signed recommendations with this application, and a copy of your high school transcript.

Application must be postmarked no later than April 24, 2020.

Please return to Roxann Taylor 421 E. 12th Ave., Winfield KS 67156 (620) 262-7873