



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.
 - a. Include family background, extracurricular activities, hobbies, interests, volunteer work, 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."**
3. Fully completed "Estimated Monthly Expenses and Income for the Fiscal Year" form.
4. Certified 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 1/15/18.

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. A certified copy is requested, but not required. All material must be sent no later than **January 15th, 2018. 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 Bobbi Enderlin
Email: frfpresident@gmail.com
P. O. Box 1876, Benicia, CA 94510
Tel.: 707-980-4356

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 2nd or 3rd, 2018** for Hawaii candidates and **March 9th or 10th, 2018** 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 4, 2018** and to receive their awards.

**Note: If your doctoral program is in the law or medical fields and does not require a dissertation or project please describe in detail _____