

**SOROPTIMIST**

Best for Women

SOROPTIMIST INTERNATIONAL OF THE OLYMPIC RAIN FOREST

Diane Demorest Memorial

Nursing and/or Medical Field Scholarship

**DUE BY MAY 1st, 2023**

Mail to PO Box 502, Forks, WA 98331

Or email to sktrett@olypen.com

Soroptimist International is a worldwide organization for women in management and professions, working through service projects to advance human rights and the status for women.

Mission Statement~~Soroptimist is a global volunteer organization that provides women and girls with access to the education and training they need to achieve economic empowerment.

**WHO MAY APPLY**

Any student, male or female, with strong ties to the West End of Clallam County, WA and who has been accepted into a college nursing program or an education program in any medical field is eligible to apply. Scholarship funds must be distributed to the student’s college account during the 2023-2024 school year with full amount used no later than June 2024. Enrollment will be verified by the student’s acceptance letter. All funds will be dispersed through the Financial Aid Office of the recipient’s school.

# IMPORTANT

Exhibits should be neat, concise and legible on letter-sized paper. All required documents should be attached to the application. **Application portfolios are due May 1, 2023.** Mail to SIORF, PO Box 502, Forks, WA 98331 or submit digitally. Digital submissions should be email to Susan Trettevik at sktrett@olypen.com. If you choose this option, your signature must appear in all the required locations. You may create a hardcopy, sign the appropriate places, scan it and send it digitally, or you may create a digital copy and insert a .jpg of your signature in the appropriate places. You may submit the portfolio documents as separate exhibits but are responsible for assigning file names that show your name and the numeric sequence. *(Example: 1\_JaneDoe\_SIORF Scholarship\_Application; 2\_JaneDoe\_SIORF Scholarship\_Essay.)*

# ORDER OF EXHIBITS

1. Diane Demorest Nursing Scholarship Application
2. Student Profile Essay-in 500 words or less, tell us about yourself and why you wish to be considered for this award. Provide a brief biographical “snapshot” describing your current circumstances and needs, your long-range career goals, and some personal history. Include any volunteer efforts, accomplishments, community involvement or leadership and your past/present employment.
3. Transcripts are to include a record of all high school and college-level coursework (unofficial transcripts will be accepted). If you already have a college degree (e.g., AA from a community college), a high school transcript is not required.
4. Maximum of two (2) letters of recommendation from an educator and/or a medical provider who is not a close relative.
5. ***Note:*** You must be admitted to the nursing or other medical program for the 2023-24 school year to be considered for a scholarship. Please submit a copy of your acceptance letter before the end of July 2023. Scholarship decisions will be made in August 2023.

# JUDGING WILL BE FOR THE FOLLOWING:

* ATTITUDE~~General worthiness, motivation and goals, integrity, commitment to your goals, and community-minded
* NEED~~Financial need and resourcefulness
* COMMUNITY TIES~~West End community connection or involvement

\* APPLICATION~~demonstration of your ability to follow directions, attend to detail, and communicate clearly and neatly

## (2)

DIANE DEMOREST MEMORIAL

MEDICAL FIELD AND/OR NURSING SCHOLARSHIP - 2023

Name Email address: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Physical Address

Mailing Address (if different) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Phone (cell) (home) Date of birth Age Sex Marital Status \_\_\_\_\_\_\_\_\_\_\_ Number of siblings residing in your home

Name of Medical Field School or Nursing School **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Mailing and email addresses for submitting financial aid to the school *(often the Financial Aid Office, but not always)* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student ID Number Expected Date of Graduation **\_\_\_\_\_\_\_\_\_\_**

*(If # unknown when applying, it must be provided before money will be released to the school.)*

Post-educational Goals \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_

High School Attended

Colleges Attended (if any) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Net Family Income (monthly) (annual)

Average cost of tuition, fees, books for one year at school of choice: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Resources you can contribute: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Remaining need: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Specific financial challenges, if any: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Applicant's Signature \_Date \_

 (3) *Demorest Application revised 2021*