

**SOROPTIMIST INTERNATIONAL OF SEQUIM  
Vocational/Technical Award**

**Application**

Eligibility: Female students who are enrolled in a post-secondary, non-degree program leading to a certificate or license. Applicants must reside within the Sequim School District or have graduated from Sequim High School.

**Personal Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Academic Information**

School: \_\_\_\_\_ Program of Study: \_\_\_\_\_  
Address: \_\_\_\_\_ License or Certificate: \_\_\_\_\_  
Registrar/Counselor: \_\_\_\_\_ Telephone: \_\_\_\_\_

**What are your career goals?**

**How will this program of study prepare you for these goals?**

**What are the requirements and costs for completion of this program (hours of instruction, field training, testing, tuition, fees, books, etc.)?**

**When do you expect to complete this program?**

**Please attach a brief (500 words) statement describing why you chose his course of study, and your expectations regarding the employment outlook for this career field both short and long term.**

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

Please include two reference evaluations with your application. The letters of reference should be in sealed envelopes. The application and letters of reference must be received by July 1, 2017. Questions: [votech@sisequim.org](mailto:votech@sisequim.org). Mail to:

**SOROPTIMIST INTERNATIONAL OF SEQUIM  
Vocational/Technical Award  
PO Box 126, Sequim, WA 98382**

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**Reference Evaluation**

Eligibility: Female students who are enrolled in a post-secondary, non-degree program leading to a certificate or license. Applicants must reside within the Sequim School District or have graduated from Sequim High School.

**Personal Information—to be completed by the applicant:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 School: \_\_\_\_\_ Program of Study: \_\_\_\_\_

**Applicant Evaluation--to be completed by the REFERENCE. Please return to applicant, in a sealed envelope, before July 1.**

Please rate the applicant on the following characteristics:

	Excellent	Above Average	Average	Below Average	Poor	Unknown
Academic Commitment						
Genuine Interest in Learning						
Integrity						
Leadership						
Commitment to Excellence						
Responsibility						
Likelihood of Academic Success						
Commitment to Community						

Why should this individual be considered for a financial award?

Reference Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 Signature \_\_\_\_\_ Date: \_\_\_\_\_

<p>Please return this form to the applicant in a sealed envelope. This reference must be submitted to Soroptimist International of Sequim <b>by the APPLICANT</b> with her application materials no later than July 1, 2017.</p>
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