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Soroptimist International

of Canton/Stark County

P.O. Box 2336

North Canton, OH 44720

www.bestforwomencanton.org

**The Shirley E. Howes Educational Award**

The Shirley E. Howes Educational Award is specific to Soroptimist International of Canton/Stark County, and honors the effort and scholarship of a woman attending a college or university to earn a certification, baccalaureate, masters or doctoral degree in Accounting, Finance, or Law-related fields. Women from the Northeast Ohio area ages 18 and older of all income levels are eligible to apply. Judging is based on four areas: effort toward education, scholarship, extracurricular activities and financial need. Neither Soroptimists nor family members of Soroptimists may apply.

When Shirley became a Certified Public Accountant in 1953, she was the first female CPA in Stark County, Ohio. The personification of a Soroptimist—a woman dedicated to helping make life better for other women—Shirley Edwards Howes has left a wonderful legacy through her leadership of the Canton/Stark County club’s cash awards program. Shirley chaired the Awards Committee for much of her 26‐year membership with Soroptimist, hosting meetings and using her home‐based CPA and law facilities to distribute the award materials and oversee judging each year. Memorial donations in Shirley’s name, following her death in March of 2012, came from numerous award recipients, fellow club members, and others touched by this outstanding lady’s community service and her passionate example for “making a difference” in their lives and the lives of others in the Stark County community.

Applicants are judged according to several criteria, with an emphasis on effort toward education, as follows:

* **Effort toward education** – candidate’s efforts to ensure she obtains an education; use of savings; work while attending school; sacrifices made.
* **Scholarship** – based on cumulative grade point average.
* **Extra-Curricular Activities** – community and school activities; level of interest and personal effort required; leadership demonstration.
* **Financial Need**
* **General Impression** – thought given to vocational goal; aspirations and attitudes towards education, community, and self; overall impression.

Soroptimist programs are funded by charitable contributions. To learn more, or to make a donation, visit [www.bestforwomencanton.org](http://www.bestforwomencanton.org), or email sicanton.starkcounty@soroptimist.net.

Mail completed applications by **January 15, 2020** to:

Shirley E. Howes Educational Award

Soroptimist International of Canton/Stark County

PO Box 2336 / North Canton, OH 44720

**Soroptimist International of Canton/Stark County’s**

**Shirley Edwards Howes Educational Award Application 2020**

**Type or print all information except signatures. Deadline to Club: January 15, 2020**

**APPLICANT** Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_

**DATA** Permanent Home

 Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apartment # \_\_\_\_\_\_

 City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work Phone (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Marital Status \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_

 How did you hear about this grant? School \_\_\_ Friend \_\_\_ Internet \_\_\_ Other \_\_\_ (specify) \_\_\_\_\_\_\_\_\_\_\_\_

**FAMILY** Independent adults, complete Part A. Dependent adults, complete Part B.

**MAKE-UP**

 A. Spouse Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Children Number \_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 B. Mother Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Father Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Dependent Siblings Number \_\_\_\_\_\_\_\_ Ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIGH**  School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_High School Graduation Date\_\_\_\_\_\_\_\_\_\_\_\_

**SCHOOL**

**DATA** City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_ Telephone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**POST -** Name of post-secondary school you are attending or plan to attend for the next term. If unknown, please

**SECONDARY** list in order of preference the schools to which you have applied. Use official school names; please do

**SCHOOL** not abbreviate.

**DATA**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_

 Year in school **next** semester (circle): 1 2 3 4 5 Graduate Study \_\_\_\_ Post Graduate Study\_\_\_\_

 Major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Enrollment status: Part-time \_\_\_\_ Full-time \_\_\_\_

 Number of semesters or credits remaining before graduation: Semester(s) # \_\_\_\_\_\_\_\_\_Credits # \_\_\_\_\_\_\_\_

 Expected graduation date: \_\_\_\_\_\_\_\_ Degree sought: Certification\_\_\_\_Bachelor\_\_\_\_Masters\_\_\_\_ Doctoral\_\_\_\_\_

 Describe previous degree(s) earned (if any)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GOALS** Attach a typewritten essay, limited to two pages, covering the following topics. Put your name on each page.

1. Why did you choose to enter this profession?
2. What is your ultimate goal in this profession?
3. How would this scholarship award affect your educational plans?
4. What efforts have you and your family made toward obtaining your degree?
5. What unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities?

**TRANSCRIPT** An official transcript of grades for the past academic year **must** be sent with this application. Photocopies are acceptable. On-line transcripts are not acceptable.

**ACTIVITIES,** List all community or school activities in which you have participated without pay during the **past four**

**OFFICES, years** (e.g.work at school or children’s school, civic or cultural organizations). Note special awards,

**HONORS** honors and offices held.

**AWARDS** Activities/Offices/Honors/Awards Year(s)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

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**WORK** Describe your work experience during the **past four years** (if homemaker, please indicate). Indicate dates

**EXPERIENCE** of employment for each job and approximate **number of hours worked** each week. List monthly amounts earned.

Employer/Position From Mo/Yr To Mo/Yr Hours per week Earned monthly

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**FINANCIAL To be considered for the scholarship award, this information must be filled out completely.**

 What do you estimate your total expenses to be: This Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much of this amount is for: Books \_\_\_\_\_\_\_\_\_\_\_ Room & Board \_\_\_\_\_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you anticipate higher expenses next year, please explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount you can provide from your earnings \_\_\_\_\_\_\_\_\_\_Amount your spouse/parents can provide \_\_\_\_\_\_\_

From prior year IRS Form 1040: Adjusted Gross Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal Tax Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER** Please list the name and annual amount of any grants or scholarships you have been awarded for the **FINANCIAL** school year.

**AID**

 Name of Award School where award will be used Amount Check One

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Granted \_\_\_\_ Pending \_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Granted \_\_\_\_ Pending \_\_\_\_

**REFERENCES** Please list three references (not relatives), one of whom is a professor at the school you attend.

 Name Occupation Address and Zip code Phone Number

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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• I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify

Soroptimist International of Canton/Stark County if there are any changes.

• I understand that this award is not a scholarship and is therefore taxable for citizens of the United States. (For more information, consult IRS publication 520.) I understand that I will receive a 1099 tax form for any award over $600.

• I certify that this is the only application I have made this year for a Soroptimist Award offered by this or any other Soroptimist club. Although applicants may be eligible for more than one Soroptimist Award, only one application per year will be accepted for review.

• I understand that my application becomes the property of Soroptimist International of Canton/Stark County. The application will be considered confidential, unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the Shirley E. Howes Educational Award. By typing or signing your name below, you adhere to the above requirements.

This certifies that I am a resident of Ohio.

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have read and agree to the release of my information to the media including, but not limited to, newspapers, magazines, or other print or electronic media.

 Accept Decline

**Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**