



2025 Scholarship Application

APPLICATION FORM

To be completed by the student (applicant). Type or print in black ink.

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address _____

High School Information

Name of High School _____

Name of Counselor _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ Fax Number _____

Email Address _____

College of Interest Information

Please list the colleges you have applied for and circle your current status:

College _____ Accepted Will Attend Want to Attend

College _____ Accepted Will Attend Want to Attend

College _____ Accepted Will Attend Want to Attend

Trade School _____ Accepted Will Attend Want to Attend

Soroptimist International
of the Chino Valley, Inc.
P.O. Box 547
Chino, CA 91708



sichinovalley@soroptimist.net
Soroptimist International Chino Valley
Soroptimist International of the Americas
[LiveYourDream](#)

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Please submit a typed response to the following questions in *no more than* 1,000 words for each prompt. Your document should be formatted in 12pt Times New Roman font, on pages with 1-inch margins, and the text should be double-spaced.

1. Why do you think it is important for you to continue your education beyond high school?
2. Write a story about yourself including your special interests, future goals, ambitions and aspirations. Describe persons, events, your experiences in school, and/or situations which you believe have shaped your life.

Certification: We have read and understand the Scholarship Awards Rules and declare that the information reported on this application is true, correct and complete to the best of our knowledge. Our signatures also permit Soroptimist International of the Chino Valley, Inc. to use the applicant's name and photograph for publicity purposes.

Student's (Applicant's) Signature _____

Counselor's Signature _____

**DELIVER A HARDCOPY OF YOUR COMPLETED APPLICATION TO THE CAREER CENTER
WHO IS RESPONSIBLE FOR SUBMITTING IT ON YOUR BEHALF.**

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REFERENCE FORM

To be completed by the student's Counselor.

The purpose of this scholarship is to acknowledge the achievements of high school seniors and to provide an incentive for students to continue their education.

Name of Student _____

This student has applied to Soroptimist International of the Chino Valley, Inc. for a scholarship. Please include this reference form and attach a separate letter of recommendation, which MUST be written specifically for this applicant. Copies of recommendation letters for college are not acceptable. Information provided will be considered confidential. Please limit the letter to one page. Include information regarding:

- 1) What capacity you know the student.
- 2) Your evaluation of the abilities, attitudes and potential of the student and comments regarding student's achievements and personal qualifications.

Name of Counselor member completing form _____

Telephone (____) _____ Email Address _____

Counselor's Signature _____ Date _____

YOUR COUNSELOR WILL RETURN DIRECTLY TO THE CAREER CENTER