



**Administered by: Soroptimist Int'l of Parker**

**Full Name:** \_\_\_\_\_  
*Last First M.I.*

**Address:** \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP code*

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Employer Address:** \_\_\_\_\_

## Reason for needing financial assistance to join this club\_\_\_\_\_

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This scholarship is non-renewable. It will cover the awardee's first year's dues and new member fees – however at the beginning of the club year (September) awardee will be required to pay \$20 per month for 9 months to cover the following year's dues. At the end of the awardees 1<sup>st</sup> 2 years, the awardee will pay their dues as any other member either monthly or annually, whichever they choose.

Awardee becomes a full-fledged “Regular” member with all the rights and responsibilities described in the SI Parker Bylaws and shall be treated with the same respect as any other club member. Awardee will be asked to attend at least 75% of meetings and events, and serve on at least 2 club committees.

***I certify that my answers are true and complete to the best of my knowledge and that I understand that attendance to meetings, projects, fundraisers and conferences will be expected of me as much as is possible and a \$20 monthly payment will be required for 9 months starting in September to finance my following year's dues.***

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Mail Applications & any other Supporting Documents to: SI Parker – PO Box 749, Parker, Arizona, 85344  
For more information please email: [membership@siparker.org](mailto:membership@siparker.org).