



December 2024

TO: School Counselor

FROM: Soroptimist International of Havre de Grace Scholarship Committee

Attached please find the Soroptimist International of Havre de Grace 2025 Scholarship applications and guidelines for submission forms. Our scholarships are awarded to female graduating students currently attending Harford and Cecil County Public Schools or currently enrolled in Harford or Cecil County Community Colleges. Said scholarships are to be used exclusively for: tuition, books, and/or fees associated with school requirements.

We are pleased to announce our organization will be awarding several scholarships this school year in amounts ranging from \$1,000 to \$2,000. Applications submitted for these scholarships will be evaluated on the following criteria: a GPA of 2.5 or greater, demonstration of financial need, and participation by the applicant in school and community extracurricular activities.

In addition, we are offering the \$1,000 annual Kathryn "Kay" Mike Scholarship, for a *student residing in Havre de Grace.*

Please ensure this scholarship application is made available for all eligible female students as soon as possible. *One scholarship application, multiple opportunities.*

**The application submission receipt deadline is no later than Thursday, April 3, 2025.**

NOTE: All Scholarship Applications must be submitted in typed format.

**Email completed application to: [ScholarshipSIHDG@gmail.com](mailto:ScholarshipSIHDG@gmail.com)**

All scholarship recipients will be notified by Wednesday, May 1, 2025, and invited to our Annual Awards Banquet honoring their achievement on Tuesday, May 13, 2025, at the Elk's Lodge in Havre de Grace. Recipients should be prepared to briefly speak about themselves and their future goals.

Thank you for your attention and support to the students in your care, ensuring all who are eligible are made aware of this opportunity!

**DISCLAIMER:**

1. *Immediate family of Soroptimist International of Havre de Grace members are **not** eligible to apply for these scholarships.*
2. *Our scholarships are tuition only and will be paid directly to the recipient's trade school/college or university. Should the recipient receive a full scholarship elsewhere and have no remaining tuition balance for the year, this award money will be retained by the SI of HdG to be used towards payment for another deserving applicant's tuition bill.*

*Soroptimist International of Havre de Grace ~ Making a difference for women since 1921.*

TO: School Counselor

FROM: Soroptimist International of Havre de Grace Scholarship Committee

SUBJECT: Scholarship awards eligible for female students graduating from Harford or Cecil County Public Schools or attending Harford or Cecil County Community Colleges in 2024.

Deadline: **Applications must be received by Thursday, April 3, 2025**

STUDENT NAME:

PARENT/GUARDIAN NAME:

ADDRESS:

(Include house number, street, city, and zip code)

STUDENT PHONE Cell: \_\_\_\_\_ Home: \_\_\_\_\_

PARENT/GUARDIAN PHONE Cell: \_\_\_\_\_ Home: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COLLEGE(S)/TRADE SCHOOL APPLIED TO/ ATTENDING: \_\_\_\_\_

PLANNED MAJOR or AREA of STUDY: \_\_\_\_\_

**REQUIRED DOCUMENTATION:**

Email the following documentation to [ScholarshipSIHDG@gmail.com](mailto:ScholarshipSIHDG@gmail.com)

- Copy of high school transcript including GPA of 2.5 or greater
- Two written letters of recommendation from educator, employer, or civic leader
- Completed pages 1-3 of application
- If applicant is pursuing an arts or photography degree, the application must be accompanied by a portfolio



SOROPTIMIST®

Havre de Grace, MD

*Soroptimist*  
INTERNATIONAL OF HAVRE DE GRACE

P. O. Box 373  
Havre de Grace, Maryland 21078

TO: School Counselor

FROM: Soroptimist International of Havre de Grace Scholarship Committee

SUBJECT: Scholarship awards eligible for female students graduating for Harford or Cecil County Public Schools or attending Harford or Cecil County Community Colleges in 2025.

Deadline: Applications must be received by Monday, April 3, 2025

STUDENT NAME: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_

RESIDENT ADDRESS: \_\_\_\_\_

STUDENT PHONE Cell: \_\_\_\_\_ Home: \_\_\_\_\_

PARENT/GUARDIAN PHONE Cell: \_\_\_\_\_ Home: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COLLEGE(S)/TRADE SCHOOL PLANNING TO ATTEND and/or ACCEPTED: \_\_\_\_\_

PLANNED MAJOR or AREA OF STUDY: \_\_\_\_\_

**APPLICANT REQUESTS CONSIDERATION FOR THE FOLLOWING SCHOLARSHIPS: (Select All That Apply)**

Elva Boyle Scholarship

Soroptimist International of HDG Scholarship

Kay Mike Scholarship (Havre de Grace Students Only)

Peter Hart Community College Scholarship

Nursing Community College Scholarship

Community College

Trade School

**REQUIRED DOCUMENTATION:**

- Copy of high school transcript including GPA of 2.5 or higher.
- Two written letters of recommendation from educator, employer, or civic leader.
- Completed pages 1 - 3 of this application.

If an applicant is pursuing an arts or photography degree, the application must be accompanied by a portfolio.

**EMAIL ADDITIONAL CORRESPONDANCE WITH COMPLETED APPLICATION TO:** [ScholarshipSIHDG@gmail.com](mailto:ScholarshipSIHDG@gmail.com)

**Soroptimist International of Havre de Grace Scholarship Committee**

**SCHOLARSHIP APPLICATION**

Applicant Name: \_\_\_\_\_ High School: \_\_\_\_\_

1. Please tell us about your family and/or guardians. (Number of people, etc.)

2. What is your reason for seeking this scholarship and how would this award benefit your educational goals?

**Soroptimist International of Havre de Grace Scholarship Committee**  
**SCHOLARSHIP APPLICATION**

Applicant Name:

High School:

**A.** Have you applied for or received other scholarships?    Yes                      No

**B.** If yes, please list the award(s) and amount(s) you have received.

4.    What are your future educational and career goals?  
      (If you are pursuing a degree in graphic design or fine arts, please submit a sample of your portfolio.)

**Soroptimist International of Havre de Grace Scholarship Committee**  
**SCHOLARSHIP APPLICATION**

Applicant Name:

High School:

5. List your extra curricular achievements and activities. (Include civic, and volunteer as well as any part-time employment.)

6. **REQUIRED DOCUMENTATION:**

- Submit 1 letters of recommendation/reference from an educator, employer, or civic leader familiar with you and your primary area of study or special interests.

**DISCLAIMER:** Family members of Soroptimist International of Havre de Grace members are **not** eligible to apply for this scholarship.

**CERTIFICATION:** By signing this scholarship application, I hereby certify that, to the best of my knowledge, the provided information is true and accurate. (Typed Name will constitute scholarship applicant's signature).

•STUDENT SIGNATURE:

DATE:

Soroptimist International of Havre de Grace Scholarship Committee

***KAY MIKE SCHOLARSHIP APPLICATION ESSAY***

Applicant Name:

High School:

Enter your essay here. **ONLY Kay Mike applicants are required to submit an essay.** (Up to 500 Words)

**Kay Mike Application Essay - How will I make a positive difference in my community. (Up to 500 words)**

STUDENT SIGNATURE:

DATE:

**SAVE A COPY OF YOUR APPLICATION FOR YOUR RECORDS BEFORE SUBMITTING.**

**CERTIFICATION:** By signing this scholarship application, I hereby certify that, to the best of my knowledge, the provided information is true and accurate. *(Typed Student Signature/Name will constitute scholarship applicant's signature).*