



SOROPTIMIST
INTERNATIONAL OF ST. HELENA

Best for Women and Girls

WOMEN HELPING WOMEN ASSISTANCE GRANT

The Women Helping Women Assistant Grant was created in 2019 by the Sorooptimist International of St. Helena Club as a means of providing direct support to woman within our community. For years, our chapter has offered informal financial assistance to dozens of local women struggling to support their household dependents. This grant, which is unique to our chapter, aims to formalize that assistance and make this support more widely available to those St. Helena women most in need. Unlike some of our other grants, this award was designed to offer flexible support to women struggling at the most basic levels to make ends meet. To this end, we'll consider requests for financial assistance with shelter, childcare, food and medical care, etc.

Who should apply? Any female St. Helena resident who is 18 or over who is self-supporting, and with or without dependents.

Interested applicants who are unsure about grant criteria or who have additional questions are encouraged to email Sorooptimist International of St. Helena here. All inquiries will be forwarded to the club's grant committee who chair who will respond promptly. We encourage all applicants however qualified to submit an application with the assurance it will be reviewed with care consideration and on a case by case basis.

The members of Sorooptimist International understand that every woman's life circumstances are different but no less important. We encourage you to submit your application here.

Applications for grants awarded in the following calendar year are due no later than November 15.

WOMEN HELPING WOMEN ASSISTANCE GRANT APPLICATION

Step 1: Determine if you are eligible.

You are eligible if you: • Have financial need. • Are motivated to achieve your education and career goals • Are not a Soroptimist International member, an employee of Soroptimist International of the Americas or immediate family of either.

Step 2: Help us know more about you and your goals

By filling out the application below, you can help us know more about your circumstances and also your specific goals for professional/educational advancement. Please be specific as to how grant funds would be used to help you achieve your goals. Your information will be kept confidential and shared only with the evaluators.

Basic Information Name (first, middle initial, last):

Address (number and street address): _____

City/Province: _____ State: _____ Postal Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Marital Status: _____

Highest level of education achieved: _____ Date Completed: _____

Number of dependents you support (NOT including yourself): _____

How are they related to you (children, spouse, parents, etc.)?: _____

Ages (if they are children): _____

What are your education and career goals?

Financial Information:

EXPENSES: Please list your ANNUAL household expenses in the chart below.

Housing: \$ _____ Food: \$ _____

Childcare: \$ _____ Utilities: \$ _____

Medical: \$ _____

Tuition (Self): \$ _____ Tuition: (Dependents): \$ _____

INCOME: Please list your ANNUAL income in the chart below.

Transportation: \$ _____ Books: \$ _____

Employment: \$ _____ Savings: \$ _____

Child Support: \$ _____ Alimony: \$ _____

Government Assistance: \$ _____

Social Security (U.S. only): \$ _____

Loans (Car, Mortgage, Student): \$ _____

Scholarships/Grants: \$ _____

ADDITIONAL INCOME: Please list any additional income, including income received by other household members, annually.

Source:

\$ _____ per year

Source:

\$ _____ per year

Source:

\$ _____ per year

TOTAL ANNUAL INCOME: _____ TOTAL ANNUAL EXPENSES: _____

When you sign your name below, you are agreeing to the following written statements:

- I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International if there are any changes.
- I understand this grant is not a scholarship and is therefore taxable for citizens of the United States. (For more information, consult IRS publication 520. Residents of other countries should check their local tax laws.)
- I understand that my application may be submitted electronically for evaluation.
- I understand that my application becomes the property of Soroptimist International of St. Helena. The application will be considered confidential unless the applicant grants Soroptimist International written permission to release personal information for the purpose of publicizing the award.

By signing your name below, you adhere to the above requirements.

Signature of applicant: _____

Date: _____

Completed applications may be sent via post to:
Soroptimist International of St. Helena
Attn: Grant Committee
PO Box 1007
St. Helena, CA 94574

Or emailed (as an attachment with the words *WHW Application* written in subject line)
to *sist.helena@soroptimist.net*

