

# HONORING YOUNG WOMEN for Volunteer Action

**Instructions:** Completed application and any supporting materials must be received by January 15. Soroptimists, Soroptimist employees and the immediate families of both are ineligible, as are previous Violet Richardson Award winners. Applications submitted directly to Soroptimist headquarters will not be considered.

**General Information:** (Please print neatly in blue or black ink)

Name \_\_\_\_\_  
(last) (first) (middle initial)

Social Security Number (last 4 digits) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
(number and street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Organization \_\_\_\_\_  
Where you Volunteer \_\_\_\_\_ Phone \_\_\_\_\_

**Essay:** In a **typewritten** essay, up to 750 words, tell us where you volunteer and why. Describe the goals of the organization and its impact on the problem(s) it addresses. What is your role in the organization? What have you accomplished as a volunteer?

**Additional Materials** (Optional): Please feel free to submit any supporting materials that you think we should see (for example, newspaper clippings, photographs, etc.). Additional materials are optional. Make sure your name and phone number are on all additional materials.

**Agreement:**

- I certify I am a resident of Hawaii County.
- I certify all information provided in this application is complete and accurate to the best of my knowledge. I will notify the club to which I have submitted this application if there are any changes
- I understand this award is taxable in the United States.
- I certify this is the only application I have made this year for a Violet Richardson Award from this or any other Soroptimist club.
- I understand my application and supporting materials become the property of Soroptimist International of Americas (SIA) upon submission, and SIA shall have sole discretion in using these materials for the purpose of publicizing the Violet Richardson Award program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

**Submit Original Application with Essay to**

SOROPTIMIST INTERNATIONAL OF KONA  
P. O. BOX 5196  
Kailua Kona Hi 96745-5196