



# SOROPTIMIST<sup>®</sup>

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## Investing in Dreams

### THE GEORGIA McHUGH SCHOLARSHIP (Application Guidelines, *updated 1.10.2023*)

#### I. Purpose

Sorooptimist International of San Francisco has established a scholarship to provide financial assistance to San Francisco high school girls and/or female identified people planning to attend an accredited four-year California college or university.

#### II. Amount of Scholarship

One or two \$5,000.00 one-year scholarships will be awarded. The scholarship will be payable subject to the student maintaining a 2.75 grade point average.

#### III. Eligibility Criteria

Candidates for the scholarship must meet the following requirements:

- A. Currently a high school Senior enrolled in a San Francisco accredited high school.
- B. Have a financial need for educational expenses.
- C. Be a resident of the City and County of San Francisco.
- D. Have enrolled in or will be enrolled in an accredited four-year California college or university as a full-time student.

#### IV. Application Procedures

A. **Due date:** To apply for this award, the cover sheet, application and attachments must be submitted by email or postmarked by March 15th<sup>1</sup> to:

The Georgia McHugh Scholarship  
c/o Sorooptimist International of San Francisco  
317 West Portal Ave. #27654  
San Francisco, CA 94127-0654

Or Email: [sisanfrancisco@sorooptimist.net](mailto:sisanfrancisco@sorooptimist.net)

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<sup>1</sup> If March 15th falls on a Holiday or a Sunday, the postmarked/submission due date is the next business day when the post office will be open, (example: if March 15th is a Sunday or a Holiday, then applications must be postmarked by April 1st).

(Updated 1.10.2023)

**B. Application Materials to be submitted:**

1. Completed and signed Application Cover Sheet,
2. A completed application form,
3. An official school transcript,
4. Student Aid Report from FAFSA or College Scholarship Service (complete copy, a confirmation sheet is not sufficient)
5. Parents income reported on most recent income tax filing
- 6.. 250-word essay describing a role model in your life,
7. One letter of recommendation from each of the following:
  - a. School principal or counselor or teacher,
  - b. Community member, and
  - c. One of your choice (non-family member)
8. OPTIONAL: Any other information that would assist the Selection Committee in understanding the applicant’s ability to complete her program of study

**V. Judging of Applications**

Judging of applications will be based on:

1. 40% financial need
2. 30% academic scores
3. 30% participation in school and community activities

(Consideration will be given to those students who have other commitments preventing them from taking part in school and community activities, such as work or family responsibilities).

**VI. Scholarship Payment Schedule**

The scholarship grant will be paid directly to the winner’s college/university as follows:

- A. A portion of the year’s payment will be made upon receipt of proof of acceptance and enrollment in an accredited four- year California college or university as follows:
  1. Semester system: 50%
  2. Quarter system: 33-1/3%
- B. Balance or 2<sup>nd</sup> installment of the year’s payment will be made
  1. upon proof of completion of the first Fall semester/quarter of study, and
  2. proof that a 2.75 grade point average (GPA) has been maintained during the first semester/quarter of study, and
  3. proof of enrollment in the immediate next Spring semester/Winter quarter.
- C. For schools with Quarter system, the balance will be made
  1. upon proof of completion of the 2<sup>nd</sup> Winter quarter of study, and
  2. proof that a 2.75 grade point average (GPA) has been maintained during the 2<sup>nd</sup> quarter of study, and
  3. proof of enrollment in the immediate next Spring quarter

**VII. Forfeiture of Scholarship**

- A. Failure to maintain a grade point average of 2.75 will result in forfeiture of the balance of the scholarship.
- B. It is incumbent on the scholarship recipient to provide grades and proof of enrollment for the next term to Soroptimist International of San Francisco **within 60 days of the end of the completed term or the remainder of the scholarship will be forfeited.**
- C. If for some reason beyond the student's control, the recipient cannot provide the required grades and/or proof of enrollment for the next term as required in the previous paragraph, the student must contact Soroptimist International of San Francisco in writing **within 60 days of the end of the completed term to explain the reason(s) for the delay or the remainder of the scholarship will be forfeited.**

**THERE WILL BE NO EXCEPTION TO THESE REQUIREMENTS.**

**VIII. Notification Date**

- A. Completed applications must be submitted by email or postmarked no later than March 15th.<sup>2</sup>
- B. Receipt of all applications will be acknowledged and finalists will be interviewed in late March/early April
- C. The winner(s) will be notified on or around April 15th.
- D. The winners will be honored at a luncheon or dinner event, attendance is required.

**Soroptimist International of San Francisco thanks you for your interest in the Georgia McHugh Scholarship.**

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<sup>2</sup> If Mar 15 falls on a Holiday or a Sunday, the postmarked/submission due date is the next business day when the post office will be open, (example: if Mar 15 is a Sunday and Mar 16 is a Holiday, then applications must be postmarked by Mar 17).



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**THE GEORGIA McHUGH SCHOLARSHIP**

**APPLICATION COVER SHEET**

*(Attach to Application Form)*

The following required items are attached:

1. A completed and signed application cover sheet
2. A completed application form
3. Official school transcript,
4. Student Aid Report from FAFSA or College Scholarship Service, (complete copy, a confirmation sheet is not sufficient) ,
5. Parents income reported on most recent income tax filing
6. 250-word essay describing a role model in your life,
7. Three letters of recommendation from each of the following:  
School principal or counselor or teacher,  
Community member, and  
One of your choice (non-family member)
8. OPTIONAL: Any other information that would assist the Selection Committee in understanding the applicant's ability to complete his/her program of study.

I understand that **all** required information must be submitted or postmarked by March 15th<sup>3</sup>.

I am aware that if **all** of the above required documents are not submitted and/or postmarked to the Soroptimist International of San Francisco by March 15, my application **will not be considered.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

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<sup>3</sup> If Mar 31 falls on a Holiday or a Sunday, the postmarked/submission due date is the next business day when the post office will be open, (example: if Mar 31 is a Sunday or a Holiday, then applications must be postmarked by April 1st).



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*(All information will be kept confidential)*

*TYPE OR PRINT CLEARLY*

**NAME OF APPLICANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**DATE OF BIRTH** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**SOCIAL SECURITY NUMBER** *(required)* \_\_\_\_\_

**HIGH SCHOOL CURRENTLY ATTENDING** \_\_\_\_\_

**DATE OF GRADUATION** \_\_\_\_\_

**SCORES: SAT I: VERBAL** \_\_\_\_\_ **MATH** \_\_\_\_\_ **ACT** \_\_\_\_\_

**GPA WEIGHTED:** \_\_\_\_\_ **GPA UNWEIGHTED** \_\_\_\_\_

**WHAT ARE YOUR FIRST TWO CALIFORNIA COLLEGE/UNIVERSITY CHOICES:**

\_\_\_\_\_  
\_\_\_\_\_

**WHAT, IF ANY, FAMILY COMMITMENTS DO YOU HAVE?** \_\_\_\_\_

\_\_\_\_\_

**WHAT OTHER SCHOLARSHIPS HAVE YOU APPLIED FOR?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PAID WORK EXPERIENCE *(If any)***

<u>Company &amp; Location</u>	<u>Hours per Month</u>	<u>Dates Worked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHOOL ACTIVITIES AND VOLUNTEER EXPERIENCE *(If any)***

<u>Organization</u>	<u>Duties &amp; Responsibilities</u>	<u>Hours per Month</u>	<u>Dates Worked</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PARENTS INCOME ON MOST RECENT INCOME TAX FILING**

**Parent[s] income filing status:**

Married filing jointly \_\_\_\_\_ Married filing separately \_\_\_\_\_ Single \_\_\_\_\_

Head of household \_\_\_\_\_ Qualifying widowed/widower \_\_\_\_\_

If single, head of household, or qualifying widower/widowed, list your parent's total income per line 9 of the 1040 tax return. \_\_\_\_\_

If married filing jointly, list your parents' combined total income per line 9 of the 1040 tax return. \_\_\_\_\_

If married filing separately, list each parent's total income per line 9 of the 1040 tax return. (Parent 1) \_\_\_\_\_ (Parent 2) \_\_\_\_\_

***I certify that the information on this application is true and correct to the best of my knowledge.***

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date