



S O R O P T I M I S T

Best for Women®

APPLICATION for 2026

SHANTHI SAMUEL MEDICAL SCHOLARSHIP

(For a Winfield High School Graduating Senior young woman planning to enter the healthcare field)

Full Name: _____

Home address: _____ Email: _____

Parents names: _____

Date of Birth: _____ Phone: _____ Current GPA: _____

College you plan to attend: _____

Study in what field? _____

Do you work outside of school? If so, where and how many hours per week? _____

Volunteer hours? _____ Where? _____

Honors and Awards received in high school: (use separate sheet if necessary) _____

List of high school activities: (use separate sheet if necessary) _____

Describe your educational goals and plans for the future. Elaborate how this scholarship will help you reach your goals. Use additional pages and attach to this application.

PLEASE NOTE: THIS OFFICIAL SOROPTIMIST APPLICATION OR A COPY THEREOF WILL BE THE ONLY APPLICATION ACCEPTED.

Please include two letters of signed recommendations with this application, and a copy of your high school transcript.

Application must be postmarked no later than April 24, 2026.

Please return to Cassandra Davis 1808 Sharon Ct. Winfield KS 67156 or email to grammiecass58@gmail.com