

**SOROPTIMIST INTERNATIONAL OF NEWPORT, WASHINGTON**  
**“Micki O’Neill Weisbarth Memorial Award”**

The Michelene (Micki) O’Neill Weisbarth Memorial Award was established in 2022 to support women who have financial need and who are pursuing their education. Through generous donations, this annual award will provide assistance to recipients by helping offset tuition costs or to assist with day-to-day expenses so they can focus on reaching their dreams.

This Memorial Award honors the late Michelene “Micki” Weisbarth by investing in the education of women. Micki joined our local Newport chapter in December of 1990 and quickly was elected president, then district officer, and eventually Northwestern Region Secretary. Micki touched and impacted so many lives around her. Her favorite projects were the Live Your Dream Scholarship program and the local annual crab feed fundraiser. She served as local chairperson of the Live Your Dream award for multiple years as well as serving at the region level.

Micki was involved in many areas of the community she loved. Her dedication to the Soroptimist mission both nationally and with the Newport chapter is a wonderful example of how one person can make a difference in the lives of so many.

**SOROPTIMIST INTERNATIONAL OF NEWPORT, WASHINGTON  
“Micki O’Neill Weisbarth Memorial Award”  
2026 Application and Instructions**

**DUE DATE: Applications and References must be received or postmarked by April 30, 2026 by 5pm.  
Not all applicants will be selected for awards.**

**Step 1: Determine if you are eligible.**

- Resides in Pend Oreille County or Bonner County
- Are enrolled in or has been accepted to a high school equivalency program, vocational/skills training program, or an undergraduate degree program
- Are motivated to achieve your education and career goals
- Does not have a graduate degree
- Has not previously received this award
- Has financial need

**Step 2: Review Privacy Statement**

I understand that Soroptimist International of Newport (SI of Newport) will collect information set out in this application, and any other information I may have provided in support of this application, for the purposes of evaluating my eligibility for this award.

SI of Newport may also use my contact information to communicate with me, including to send follow-up emails.

I understand that my application may be submitted electronically for evaluation. I further understand SI of Newport may share my personal information with the Awards Committee/Judges, but will not share or include my personal information in any publication without my express permission.

SI of Newport may contact the persons who have provided references about me for confirmation of such references.

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

**References:**

You will need at least one person – who is not related to you – to fill out the reference form. It is recommended that you request references from people who know you from an education or work setting. Only one reference is required but a maximum of two references will be accepted. Please use the form included with application materials and do not submit reference letters.

## **“Micki O’Neill Weisbarth Memorial Award” 2026 Application**

### **Part 1: Basic Information**

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

Address (number and street address): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_ From where: \_\_\_\_\_

Date highest level of education completed: \_\_\_\_\_

Number of Dependents you support (not including yourself): \_\_\_\_\_

How are they related to you (children, spouse, parents, etc.): \_\_\_\_\_

Ages (if they are children): \_\_\_\_\_

### **Part 2: What are your educational and career goals?**

1. What is the name of the school or training program you are attending or have been accepted into?
2. What are you studying? (example: Bachelor of Science nursing degree or computer science certificate)
3. When do you expect to complete your studies (month and year)?
4. Are you working while you are getting your education (check one)? Yes  No 
  - a. If yes, where, and how many hours per week? \_\_\_\_\_
5. In 300 words or less, please tell us about your career goals, and give specific information about how your education and training support these goals. (Please use a separate sheet of paper as necessary to submit your answer.)

**Part 3: Financial Information**

The Micki O'Neill Weisbarth Memorial Award recipient will be chosen in part based on financial need. Please share information about your annual income and expenses. Please be as specific as you can.

A. **Income:** Please list your ANNUAL household income and savings below (from money you have left after taxes):

Employment:	\$ _____ per year	Government Assistance:	\$ _____ per year
Savings:	\$ _____ per year	Social Security (U.S. only):	\$ _____ per year
Child Support:	\$ _____ per year	Loans:	\$ _____ per year
Alimony:	\$ _____ per year	Scholarships:	\$ _____ per year

Please list any additional income; including income other household members receive.

Source: _____	\$ _____ per year
Source: _____	\$ _____ per year
Source: _____	\$ _____ per year

TOTAL ANNUAL INCOME: \$ \_\_\_\_\_ per year

B. **Expenses:** Please list your ANNUAL household expenses below:

Housing:	\$ _____ per year	Utilities:	\$ _____ per year
Food:	\$ _____ per year	Medical:	\$ _____ per year
Childcare:	\$ _____ per year	Transportation:	\$ _____ per year
Tuition:	\$ _____ per year	Books:	\$ _____ per year



*Improving the lives of women and girls, in local communities and throughout the world.*

**Please list any additional expenses.**

Expense: \_\_\_\_\_ \$ \_\_\_\_\_ per year

Expense: \_\_\_\_\_ \$ \_\_\_\_\_ per year

Expense: \_\_\_\_\_ \$ \_\_\_\_\_ per year

TOTAL ANNUAL EXPENSES: \$ \_\_\_\_\_ per year

**Part 4: Tell us more about yourself.**

The Micki O’Neill Weisbarth Memorial Award was developed to financially assist women in Pend Oreille County, Washington and Bonner County, Idaho to achieve their educational and career goals. Applicants for this award must be enrolled in, or accepted into, an undergraduate degree or vocational skills training program, including on-line study programs.

Consideration for this award will be given in part based upon financial need, as well as upon the applicant’s overall life situation. When determining who will receive this award, we will take into account your goals and how you are working toward achieving them, your commitment to your education, your past challenges and successes, and anything else you feel is important for us to be aware of.

In this section, you have the opportunity to tell us more about yourself. In 750 words or less, please let us know how this award would benefit you, and why you feel you are a good applicant for it. Feel free to include any information about yourself that you think is pertinent for us to know. (Please use a separate sheet of paper as necessary to submit your answer.)

Application materials and the reference form(s) may be submitted via email or by mail to:

**Soroptimist International of Newport  
Attention: Micki O’Neill Weisbarth Memorial Award-Programs Chairpersons.  
PO Box 1892, Newport, WA, 99156**

**siofnewport@gmail.com**