

# Soroptimist International Rio Vista Women's Empowerment Award Application

## Part I: Applicant Information

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

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

City/Province: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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

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

Highest level of education achieved: \_\_\_\_\_ Date completed: \_\_\_\_\_

Have you previously received a Soroptimist award?: \_\_\_\_\_

## Part II: Education and Career Goals

A. What is the name of the school or training program you are attending or have been accepted to?

\_\_\_\_\_

B. What are you studying? (e.g. Bachelor of Science nursing degree, computer class, etc.)

\_\_\_\_\_

C. When will you complete your studies? (month and year) \_\_\_\_\_

D. Are you working while getting your education? Yes \_\_\_\_ No \_\_\_\_

If yes, how many hours? \_\_\_\_\_

E. The Women's Empowerment Award is all about helping women who have faced economic and personal hardships to achieve their educational and career goals. In 300 words or less, please tell us about yourself and your career goals and give specifics about how your education and training support these goals. Do you think this award could help you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*You may attach additional pages.*



SOROPTIMIST®  
Investing in Dreams

*Women's Empowerment Award Application*  
Soroptimist International of Rio Vista

**Part III: Financial Need**

Women's Empowerment Award recipients are chosen in part based on financial need. Please share information about your annual income and expenses.

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

Savings: \$ _____ per year	Social Security: \$ _____ 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	Source: _____ \$ _____ per year
Source: _____ \$ _____ per year	Source: _____ \$ _____ per year

**B. Expenses:** Please list your ANNUAL household expenses in the chart 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

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

Expense: _____ \$ _____ per year	Expense: _____ \$ _____ per year
Expense: _____ \$ _____ per year	Expense: _____ \$ _____ per year

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**Part IV: Rules and Signature**

Please read the following information carefully before you sign your name below:

- I certify that all the information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist if there are any changes.
- I certify that this is the only application I have made in any format or to any address, this year for the Soroptimist award.
- I understand that my application may be submitted electronically for evaluation.
- I understand that my application becomes the property of Soroptimist International of the Americas. By applying for the Women's Empowerment Award, I agree that the information I provide may be combined with that of other applicants in aggregate, anonymous form to evaluate the program and reporting results. Personally, identifiable information would only be used by Soroptimist or their contracted evaluators to verify my college enrollment. Any publication of program evaluation results will not include any personal information without my express permission.

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

\_\_\_\_\_

*Signature of applicant*

*Date*

**Part V: Award Publicity and Marketing**

How did you hear about the Soroptimist International Rio Vista Women's Empowerment Award?  
Please check one of the following:

- Local Soroptimist club member \_\_\_\_\_
- Friend, relative, or co-worker \_\_\_\_\_
- Career counselor or advisor at my school \_\_\_\_\_
- Social media \_\_\_\_\_
- Flyer posted in my community \_\_\_\_\_
- Internet search \_\_\_\_\_
- Other (please identify): \_\_\_\_\_



**Part VI: References (Provide two)**

# Reference Form

Thank you for agreeing to provide a reference for \_\_\_\_\_  
*Name of Applicant*

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, friend, etc.)

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2. Please rate the candidate in the following areas, based upon your knowledge of her achievements and strengths. A score of "1" means that you "strongly disagree" with the statement; a score of 5 means that you "strongly agree" with statement.

	Strongly Disagree	Mostly Disagree	Sometimes Agree	Mostly Agree	Strongly Agree	Don't Know
A. The applicant has clear goals.	<input type="checkbox"/>					
B. The applicant is motivated to reach these goals.	<input type="checkbox"/>					
C. The applicant has demonstrated that she is responsible.	<input type="checkbox"/>					
D. The applicant would be an inspiration to others.	<input type="checkbox"/>					

3. Please tell us what you believe to be the applicant's particular strengths in her personal, educational, or professional life. If you can, give examples of particular accomplishments.

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*You may attach additional pages.*

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**Reference Form (continued)**

4. What is your knowledge of the applicant's educational goals and her progress toward achieving those goals? Consider any barriers or difficulties she has overcome.

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*You may attach additional pages.*

5. Is there any additional information we should know about this applicant in regard to this award program?

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*You may attach additional pages.*

6. **(IMPORTANT)** Please provide your contact information. Mail the completed reference form to the applicant for submission with her application.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_