



# Rio Vista Women's Empowerment Award

Begin your application now.

## Part I: Applicant Information

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

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

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: What are your education and**

## career goals?

- A. What is the name of the school or training program you are attending or have been accepted?
- B. What are you studying? (i.e. Bachelor of Science nursing degree or computer class)
- C. When will you complete your studies? (month and year) \_\_\_\_\_
- D. Are you working while you are getting your education? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many hours? \_\_\_\_\_
- E. Have you previously received a Soroptimist Award? Yes \_\_\_\_\_ No \_\_\_\_\_
- F. 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. Please have two references complete the Reference Form.

**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:

Employment: \$_____per year	Government Assistance: \$_____per year
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

**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 expenses.

Expense: \_\_\_\_\_ \$\_\_\_\_\_per year Expenses: \_\_\_\_\_ \$\_\_\_\_\_per year

Expenses: \_\_\_\_\_ \$\_\_\_\_\_per year

**Part IV: Please read the following information carefully.**

- 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 understand that this award is not a scholarship and is therefore taxable for citizens of the United States. For more information consult I.R.S. publication 520.
- I certify that this is the only application I have made in any format or to any address, this year for 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 for the purpose of evaluating the program and reporting results. Personal 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

D. 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 \_\_\_\_\_
- Torrid Store \_\_\_\_\_
- Searchable databases of scholarships \_\_\_\_\_
- Other \_\_\_\_\_

Please send application and (2) References to Jean M. Santry, [Jeansantry@sbcglobal.net](mailto:Jeansantry@sbcglobal.net) by February 28, 2023. Any questions please text or call me at (707) 853-9883.

## Reference Form #1

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.)

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 Mostly Sometimes Mostly Strongly Don't  
 Disagree Disagree Agree Agree Agree Know A. The applicant has clear goals.

B. The applicant is motivated to reach these goals.

C. The applicant has demonstrated that she is responsible.

D. The applicant would be a inspiration to others.

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.

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.

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

Completed by (*IMPORTANT*) Please email completed reference form to the applicant for submission with her application.

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

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

Title \_\_\_\_\_

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

— Telephone \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

## Reference Form #2

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.)

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.

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

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

Title \_\_\_\_\_

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

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

\_\_\_\_\_ Email: \_\_\_\_\_