

Soroptimist International Rio Vista

Women's Empowerment Awards

Application Deadline – April 17, 2026

Download or print this application. If downloaded, save file as your name, complete form on-line, forward to your references, then send the completed on-line application and references to Women's Rights Committee Co-chair Wanda Apel at 925-325-9252 or wandaapel4467@comcast.net. If printed, complete the application and references, and send to P.O. Box 152, Rio Vista, CA 94571.

If you have questions, please text or call Wanda Apel at 925-325-9252

Part I: Grant Award Preference

What grant are you interested in?

- \$2,000 for trade or skill-building to complete educational goals
- \$1,500 to start or finish S.T.E.M. educational program

Part II: Applicant Information

Name (first, middle name, last): _____

Address (number and street address): _____

City: _____ State: _____ Postal Code: _____

Telephone: _____ Email Address: _____

Date of Birth: _____ Marital Status: _____

Highest level of education achieved: _____ Date Completed: _____

Have you previously received a Soroptimist award? Yes No

If yes, what award? _____

Part III: 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) _____



Part III: Education and Career Goals (continued)

D. Are you working while you are getting your education? Yes No
If yes, how many hours? _____

E. The Women's Empowerment Award helps women who face 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. Provide specifics about how your education and training support these goals and how this award could help you.

Part IV: 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
Expense: _____	\$_____ per year
Expense: _____	\$_____ per year

Part V: Signature

- 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 Rio Vista. 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 school or training program 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

How did you hear about the Soroptimist International Rio Vista Women's Empowerment Award? Please check all that apply:

- Local Soroptimist club member
- At my school
- Friend, relative, or co-worker
- Newspaper
- Social media
- Flyer posted in my community
- Internet search
- Other (please provide) _____



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Media Release Form

Soroptimist International Rio Vista

I hereby consent to the use, reproduction, editing, and/or broadcast by Soroptimist International Rio Vista of all photographs, video recordings, and audio recordings of me taken by or on behalf of Soroptimist International Rio Vista from this day, without compensation to me. All negatives and positives, prints, video-recorded images, and audio recordings shall constitute the property of Soroptimist International Rio Vista solely and completely.

NAME (PLEASE PRINT CLEARLY)

SIGNATURE

DATE



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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.

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 demonstrates that she is responsible.

D. The applicant is an inspiration to others.



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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?

IMPORTANT: Complete the fields below, then email the completed reference form to the applicant for submission with her application.

Name: _____ Date: _____

Organization: _____

Title: _____

Address: _____

Telephone Number: _____ Email: _____



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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.

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

B. The applicant is motivated to reach these goals.

C. The applicant demonstrates that she is responsible.

D. The applicant is an inspiration to others.



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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?

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