## Soroptimist International of The Sierras "Furthering Your Dream" Award

First	Middle	Last	
Address:			
(S	treet Address or P.O. Box, inclu	uding any c/o or Unit number, City, Zip)	
Telephone: Home:	( )	Cell: ( )	
Email address:		Citizenship	
Field of Study/Major f	or BA/BS, certificate, or gr	raduate studies:	
Title of Thesis/Dissert	ation (if applicable):		
Name of Institution At	tending:		
Units Completed	Units Remaining:	Date of Completion:	<del> </del>
Are you a recipient of	a Soroptimist Live Your D	ream Award? Y / N: From what clu	b?
Description of process.	rogram of study/major/certific	HIS APPLICATION, OR THE ENTIRE PACKAGE W Cation program, and any featured, relat	ted projects:
a. Include a	statement of your career go	pages, double spaced, and 12 pt. font. pals. Please explain how you are pursu nat which will improve the lives of wom	ing a course of
	a statement of your advancer	• • •	
•	•	pages, double spaced, 12 pt. font. , co-curricular activities, hobbies, intere	ests etc
		ork completed and proof of school/ pro	
4. <b>Two</b> confidentia	•	They must be emailed separately, but	•
Department Chair Na	me:	Email:	
Faculty Member Nam	e:	Email:	
CHAIR AT THE ADDRESS B	ELOW. ALL MATERIAL MUST BE	IST BE SENT IN A SINGLE EMAIL TO THE FURT TRANSMITTED NO LATER THAN NOVEMBER ALIFICATION. SEND EMAIL TO: <u>SISIERRAS@SOR</u>	15, 2024. FAILURE TO
CHECK TO CERTIFY THAT TH	IE INFORMATION PROVIDED IN THIS	S APPLICATION IS TRUE AND CORRECT AS OF	THE DATE BELOW.
: (Check to	o indicate applicant compli	iance.)Date:	

NOTE: Semifinalists will be required to appear for an interview (telephonic) in MAY. Finalists will be notified and invited to attend a soroptimist internation of the sierras meeting to be recognized by Soroptimist membership, and to receive their award.