



Soroptimist International of The Sierras "Realize Your Dream" Award

Part I. Basic Information

Name (first, middle initial, 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 : _____

Part II. What are your education and career goals?

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

B. What are you studying? (example: Bachelor of Science nursing degree or computer science certificate)

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

D. Are you working while you are getting your education? (check one) YES NO

If yes, how many hours per week? _____

E. In 300 words or less, please tell us about your career goals, and give specifics about how your education and training supports these goals.

Part III. Tell us more about yourself

The Realize Your Dream Award is an award that is unique to our club, Soroptimist of The Sierras. It was created in 2024 out of our desire to support independent women, especially those who have endured economic and/or personal hardships. The program aims to help women build a better life for themselves by furthering their education. Do you think this award could help you realize your dream? In 750 words or less, tell us about the challenges you've faced and how you think this award could help you to realize your dream.

Part IV. Agreement

Please read the following information carefully. When you type your name below, you are agreeing to what you have read.

- 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 this award is not a scholarship and is therefore taxable for citizens of the United States. (For more information, consult IRS publication 520. Residents of other countries should check their local tax laws.)
- I certify that this is the only application I have made—in any format or to any address—this year for a Soroptimist Realize Your Dream 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. The application will be considered confidential unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the award.

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

Signature of applicant

Date