# Ready to begin a new life?



Since 1972, the *Soroptimist Live Your Dream Awards* has disbursed more than \$30 million to tens of thousands of women who have overcome poverty, domestic and sexual violence, divorce, the death of a spouse, or other life challenges. They are women—just like you—who had the courage and determination to turn their lives around.





Most regions grant additional \$3,000 awards. The first-place recipients then become eligible for one of three \$10,000 finalist awards.

Soroptimist also offers awards through its headquarters office to applicants who do not live within the territorial limits of a Soroptimist club.

Each year about \$2.1 million is awarded through the Soroptimist Live Your Dream

Awards program.









Deadline: Applications are due each year by **November 15**. Award recipients will be notified between January and June. Not all applicants will be selected for awards. Applications can only be submitted to one club. Your application will be reviewed by a panel of judges, but all information will remain confidential.

# Step 1: Determine if you are eligible

You are eligible if you are a woman who:

- · Provides the primary financial support for yourself and your dependents. Dependents can include children, spouse, partner, siblings and/or parents.
- Has financial need.
- Is enrolled in or has been accepted to a vocational/skills training program or an undergraduate degree program.
- Is motivated to achieve your education and career goals.
- Resides in one of Soroptimist International of the Americas' member countries/territories (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Ecuador, Guam, Japan, Korea, Mexico, Northern Mariana Islands, Palau, Panama, Paraguay, Peru, Philippines, Puerto Rico, Taiwan, United States of America, Venezuela).
- · Has not previously been the recipient of a Soroptimist Women's Opportunity or Live Your Dream Award.
- · Does not have a graduate degree.
- · Is not a Soroptimist member, an employee of Soroptimist International of the Americas or immediate family of either.
- Has a Social Security number or Tax ID number. (This is required for tax purposes and is only necessary if you are a resident of the United States. You
  will not be asked to share this information unless you have been given an award.)

### Step 2: Tell us about yourself

Fill out the award application telling us about yourself. Your information will be kept confidential and shared only with the evaluators unless you give us written permission to use your story to publicize the program. \*\*You must use **Adobe Reader** (free to download) to fill out the form. If you do not use Adobe Reader, your answers in the application will not be saved and your submitted application will appear blank.\*\*

- · Step 1: Download Adobe Reader.
- Step 2: Save a copy of the application to your computer.
- Step 3: Open Adobe Reader.
- Step 4: From the left column, choose 'My Computer' and find where you saved the application.
- Step 5: Open the application within Adobe Reader.
- Step 6: Hold your mouse over the first blue text box and click.
- · Step 7: Type your responses into the application. (Note: You will not be able to change the type size. Please limit your answers to the space allotted.)
- Step 8: Once all parts of the form are completed, select "File" and choose "Save As" from the drop down menu.
- Step 9: Change the file name (for example, "LYDApplicationLG," where LG are your initials.)
- Step 10: Click "Save."
- · Step 11: Submit.

#### Step 3: Ask people to tell us about you

You will need two different people—who are not related to you—to fill out the **reference forms** you received with this application. It is recommended that you request references from people who know you from an education or work setting. Please email this form to your references and request they email the forms back to you when completed. Only two references will be accepted. Please use the form and do not submit reference letters.

#### Step 4: Submit your application

Attach your application and two reference forms to an email and send to the contact person listed below by November 15. Incomplete applications or applications received without reference forms will not be considered.

Soroptimist Club Name:		
Region:		
Club Contact Person:		
Telephone:	Email Address:	
Address:		
City:	State:	Postal Code:

#### Questions

Check out the Live Your Dream Award Frequently Asked Questions at http://www.soroptimist.org/awards/dreamawardsfaqforapplicants.pdf. If you still have questions, contact the person listed above or Soroptimist headquarters at siahq@soroptimist.org.

#### Ready to Apply?

Begin your application on the next page now! We wish you the best of luck in achieving your educational and professional goals.



# 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 :	
Number of dependents you support (NOT include	ding yourself):		
How are they related to you (children, spouse, p	parents, etc.)?:		
Ages (if they are children):			
Part II. What are your education and	career doals?		
A. What's the name of the school or training p	6	ve been accepted to?	
B. What are you studying? (example: Bachelo	r of Science nursing degree or o	computer science certificate)	
C. When will you complete your studies (mon	th and year)?		
D. Are you working while you are getting you	r education? (check one)	YES NO	
If yes, how many hours per week?			
E. In 300 words or less, please tell us about y ports these goals.	our career goals, and give spec	ifics about how your education	and training sup-

# Part III. Financial Information



Live Your Dream Award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can.

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	e: \$	per year
Savings:	\$	_ per year	Social Security (U.S. only)	: \$	_ per year
Child Support:	\$	_ per year	Loans:	\$	_ per year
Alimony:	\$	_ per year	Scholarships:	\$	_ per year
Please list any	additional incom	ne, including income o	ther household members	receive.	
Source:				_ \$	per year
Source:				\$	per year
Source:				\$	per year
TOTAL ANNUAL INCOME:					

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 a	dditional expense	es.			
Expense:				\$\$	per year
Expense:				\$\$	per year
Expense:				\$	per year

TOTAL ANNUAL EXPENSES:



# Part IV. Tell us more about yourself

The Live Your Dream Award is all about helping women who have faced economic and personal hardships to live their dreams. Since 1972, the award has provided tens of thousands of women with cash grants to help them achieve their educational and career goals. The program helps women build a better life for themselves and their dependents. Do you think this award could help you live 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 live your dream.

# Part V. 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 Live 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. By applying for a Live Your Dream Award, I agree that 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. 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 typing your name below, you adhere to the above requirements.

Signature of applicant	Date
How did you hear about the Soroptimist Live Your Dream Award?	
A local Soroptimist club	
A friend, relative, or co-worker	
A career counselor or advisor at my school	
Social media	
A flyer posted in my community	
Internet search	
Torrid Store	
Searchable database of scholarships:	
Othor	

# Thank you for applying for the Live Your Dream Award. Congratulations on all you have achieved so far!



Soroptimist International of the Americas



1709 Spruce Street Philadelphia, PA 19103-6103 215-893-9000 www.Soroptimist.org www.LiveYourDream.org

