

# When you were a girl ...

did you imagine

a future

filled with hope

and promise?

But then

your life took

an unexpected turn,

and

you were forced to

**put your dreams  
on hold?**



Soroptimist Intl of Port Orchard  
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Grants and Awards Committee  
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Since 1972, Soroptimist has been  
helping women the world over  
to reclaim their dreams  
through the  
Women's Opportunity Awards  
program.

Are you ready  
to begin  
your *new life?*

# Application

## Women's Opportunity Awards

A program of Soroptimist International of the Americas

### GENERAL INSTRUCTIONS

#### Eligibility Requirements:

To be eligible for the Women's Opportunity Award, you must:

- 1) Be a woman with primary financial responsibility for supporting your family (including children, spouse, siblings and/or parents);
- 2) Attend or have been accepted to a vocational/skills training program, or an undergraduate degree program;
- 3) Have financial need;
- 4) Be motivated to achieve your educational and career goals;
- 5) Reside in one of Soroptimist International of the Americas' member countries and territories (Argentina, Bolivia, Brazil, Canada, Chile, Costa Rica, Ecuador, Guam, Japan, Korea, Mexico, Panama, Paraguay, Peru, Philippines, Puerto Rico, Taiwan, United States of America, Venezuela).

Previous Women's Opportunity Awards recipients are ineligible to apply. Women who already have an undergraduate degree are ineligible to apply. Soroptimists, employees of Soroptimist, and the immediate families of both are ineligible to apply.

Please type or print neatly in dark ink.

The application with two completed reference forms must be received BY DECEMBER 15 at the address listed on the back page of this brochure. Applications submitted directly to Soroptimist headquarters will not be considered. Award recipients will be notified between January and June. Not all applicants to the program will be selected as recipients.

### PART I—PERSONAL DATA

Name (last, first, middle initial)

Address (number and street address)

City/Province

State

Postal Code

Country

Telephone (area code first)

E-mail Address

Date of Birth

Marital Status

Number of People Applicant Supports Financially

Relationship to Applicant (children, spouse, parent, etc.)

Ages (if children)

### PART II—CAREER GOALS

A. Please list the school you are currently attending, or to which you have been accepted, and your proposed program of study (example: San Jose State University, four-year bachelor of science degree program in nursing).

B. When will you complete your program of study (month and year)?

C. Are you currently employed? (circle one) YES NO

If yes, how many hours per week do you work? \_\_\_\_\_

D. Using another sheet of paper, please describe (in 300 words or less) your career goals and how your education and/or skills training support those goals.

**PART III—PERSONAL STATEMENT**

The Women's Opportunity Awards aid women who have faced economic and personal hardships, and are seeking to gain additional skills, training and education. The program helps women who serve as the primary wage earners for their families to enter or return to the work force, or to improve their employment status.

Using another sheet of paper, please tell us in 750 words or less how these statements apply to you, and why you would make a deserving Women's Opportunity Award recipient.

**PART IV—FINANCIAL NEED**

The Women's Opportunity Awards are given based in part on financial need. Your total income will be compared to your total annual expenses. Please be as exact as you can.

A. Total annual household income from all sources (include your income from employment, savings, child support, alimony, Social Security benefits, and school loans or scholarships. Also include all income received by any other household members).

B. Please list your annual educational expenses **only**—do not include those of your children or other family members.

Tuition/School Fees \_\_\_\_\_ Books \_\_\_\_\_

Other (please describe) \_\_\_\_\_

C. Please list your family's annual living expenses in the chart below.

Housing \$ _____ per year	Utilities \$ _____ per year
Food \$ _____ per year	Medical \$ _____ per year
Childcare \$ _____ per year	Transportation \$ _____ per year
Other (please list additional expenses and assign a dollar value to each in the spaces below)	
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
Total expenses per year \$ _____	

**PART V—REFERENCES**

Using the enclosed reference forms, please submit two references (from persons not related to you) with your completed application. Applications received without two references will not be considered.

**PART VI—AGREEMENT**

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the designated club to which I have submitted this application 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 IRS publication 520. Recipients in other countries should check their local tax laws.)
- I certify that this is the only application I have made this year for a Women's Opportunity Award from this or any other Soroptimist club.
- 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 Women's Opportunity Awards program.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Submitted to: \_\_\_\_\_

(Please provide the name of the sponsoring Soroptimist club listed on the back page of the brochure.)

# Reference form

## Women's Opportunity Awards

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Name of Applicant \_\_\_\_\_

(Applicant: Please fill in your name before giving this sheet to the person writing your reference.)

Thank you for taking the time to provide this reference for a Women's Opportunity Award applicant. The Women's Opportunity Awards program gives women the resources they need to improve their education, skills and employment prospects. Please use your personal knowledge of this candidate to respond to the following questions (please type or print legibly; limit your answers to the space provided; additional pages cannot be considered):

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 the statement.

	<b>Strongly Disagree</b>	<b>Mostly Disagree</b>	<b>Somewhat Agree</b>	<b>Mostly Agree</b>	<b>Strongly Agree</b>	<b>Don't Know</b>
A. The applicant is motivated.	1	2	3	4	5	*
B. The applicant has demonstrated a strong sense of responsibility.	1	2	3	4	5	*
C. The applicant has demonstrated strength in character.	1	2	3	4	5	*
D. The applicant has clear goals.	1	2	3	4	5	*
E. The applicant would be an inspiration to others.	1	2	3	4	5	*

3. Please tell us what you believe to be the candidate's particular strengths in her personal, educational, or professional life. Be as specific as you can, and give examples of particular accomplishments.

4. What is your knowledge of the candidate's educational goals, and her progress toward achieving these 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** (Please return completed reference form to the applicant for submission with her application.)

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

Title \_\_\_\_\_ Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_



**SOROPTIMIST**  
Best for Women