



SOROPTIMIST®  
Investing in Dreams

## Application

Soroptimist International of the Tri Cities Spread Her Wings Award  
for Refugee and Immigrant Women

## Instructions

### Step 1: DETERMINE IF YOU ARE ELIGIBLE

Eligible applicants must be women who:

- Are refugees or immigrants to Canada.
- Have arrived within the past five years.
- Are enrolled in or have been accepted to a vocational/skills training program or undergraduate degree program.

### Step 2: COMPLETE THE APPLICATION

Enter your information in this form, and then save it and email to our awards chair Colleen, [cpen@telus.net](mailto:cpen@telus.net). The deadline is January 15th. Check to be sure it has been saved. If not you probably need an updated version of Adobe Reader. Contact Colleen with questions.

#### Part 1 – Personal Data

Name:

Street address:

City, province and postal code:

Telephone:

Email address:

Date of birth:

Country of birth:

Marital status:

What are you studying?

What school do you attend?

Year you arrived in Canada:

Who can we contact at the school to verify your enrollment? Please provide a name and either phone number or email address.

## **Part 2 – Your Goals**

Please tell us what your goals are for the future.

## **Part 3 – Personal Statement**

Please share as much as you are comfortable with about your life before coming to Canada and your experiences since you arrived here.

**Part 4 – Financial Need**

The Soroptimist Spread Her Wings Award is given based in part on financial need. Your total income will be compared to your total annual expenses. Please be as accurate as you can.

A.Total annual household income from all sources (include your income from employment, savings, government assistance, and school loans or scholarships.)

Total: \$ \_\_\_\_\_ per year

B.Please list your annual educational expenses only –

a.Tuition/School Fees: \$ \_\_\_\_\_ per year

b.Books: \$ \_\_\_\_\_ per year

c.Other, please describe \_\_\_\_\_ \$ \_\_\_\_\_ per year

C.Please List your annual living expenses 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 in the space below)

\_\_\_\_\_ \$ \_\_\_\_\_ per year

**Total Expenses Annually \$ \_\_\_\_\_**

**Part 5 – Agreement**

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify Soroptimist International of the Tri Cities if there are any changes.
- I understand that my application becomes the property of Soroptimist International of the Tri Cities. The application will be considered confidential, unless the applicant grants Soroptimist permission to release personal information for the purpose of publicizing the Soroptimist Spread Her Wings Awards program. By typing your name below you agree to the above requirements.

\_\_\_\_\_  
**Typed Name of Applicant**

\_\_\_\_\_  
**Date**