



SOROPTIMIST®
Investing in Dreams

Application

Soroptimist International of the Tri Cities, BC,
Canada. Spread Your Wings \$1500 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 ten years.
- Are enrolled in or planning to attend 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 Nancy, nancy.mccurrach@gmail.com. Cell: 604 968 4563. The deadline is January 15th. Check to be sure it has been saved. If not you probably need an updated version of Adobe Reader.

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 Your 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 Your Wings Awards program. By typing your name below you agree to the above requirements.

Typed Name of Applicant

Date