Application

Soroptimist International of the Tri Cities
Give Her Wings Award

Application Deadline: Applications are due each year by January 15 to the address listed in Step 4. Award recipients will be notified in February. Award value is $1500.

Instructions

Step 1: DETERMINE IF YOU ARE ELIGIBLE

Eligible applicants must be women who:

- Demonstrate financial need.
- Are enrolled in or have been accepted to a vocational/skills training program or an undergraduate degree program.
- Have not previously been the recipient of a Soroptimist award, are not a Soroptimist member, or immediate family of either.
- Note that preference is given to women who reside in the Tri-Cities area (Anmore, Belcarra, Coquitlam, Port Moody, or Port Coquitlam.)

Step 2: COMPLETE THE APPLICATION

Enter your information in this form, and then save it with your name in the file name.

Step 3: OBTAIN REFERENCES

You will need two different people to fill out the reference form, which you received along with this application. Please email this form to your references and request that they email the forms back to you when completed.

Step 4: SUBMIT YOUR APPLICATION

Attach your completed application and reference forms to an email and send them to the contact person listed below by January 15th.

Soroptimist International of the Tri Cities
Awards Committee
Email: sitcawards@gmail.com
Tel #: 604-290-5110 - Sharon

Application

Give Her Wings Award

Part 1- Personal Data

Name (last, first, middle initial)

Address (number and street address)

City/Province | Postal Code

Telephone | E-mail address

Date of Birth | Marital Status

Do you have dependents? Yes ◯ No ◯

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: UBC, 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? Yes ☐ No ☐
If yes, how many hours per week do you work? _____

D. Please describe (in 300 words or less) your career goals and how your education and/or skills training support those goals in the space provided below. A separate attachment is acceptable.

PART III- PERSONAL STATEMENT

The Give Her Wings Award aids women who have faced economic and personal hardships, and are seeking to gain additional skills, training and education. The program helps women to enter or return to the work force, or to improve their employment status. In the space provided below, please tell us in 750 words or less how these statements apply to you, and why you would make a deserving Give Her Wings Award recipient.

Give Her Wings

SOROPTIMIST
Best for Women

Personal statement continued …

PART IV- FINANCIAL NEED

The Soroptimist Give 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, alimony, government assistance, and school loans or scholarships.)

B. Please list your annual educational expenses only –
   a. Tuition/School Fees _____
   b. Books _____
   c. Other, please describe _____

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 to each in the spaces below)

_____	$
_____	$
_____	$
TOTAL EXPENSES ANNUALLY	$

PART V - REFERENCES

Using the attached 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 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 Give Her Wings Awards program. By typing your name below you adhere to the above requirements.

_____ _____

Printed Name and Signature of Applicant **Date**

Reference Form

Soroptimist International of the Tri Cities Give Her Wings Award

Name of Applicant _____

Please use your personal knowledge of this candidate to respond to the following questions:

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 by checking the appropriate line.

	Stongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don`t Know
The applicant is motivated	○	○	○	○	○	○
The applicant has demonstrated a strong sense of responsibility	○	○	○	○	○	○
The applicant has demonstrated strength in character	○	○	○	○	○	○
The applicant has clear goals	○	○	○	○	○	○
The applicant would be an inspiration to others	○	○	○	○	○	○

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 email completed reference form to the applicant for submission with her application.)

_____ _____
Name Date

_____ _____
Title Organization

_____
Address

_____ _____
Telephone Email