Ready to begin a new life?



Since 1972, the Soroptimist *Live Your Dream Awards*® program has disbursed more than $40 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.

live YOUR dream
education & training awards for women®

Recipients may use the cash award to o! set any costs associated with their e! orts to attain higher education, including books, childcare and transportation. The program begins on the club-level, where award amounts vary. Club recipients become eligible to receive region-level awards, which are granted throughout Soroptimist's countries and territories. Currently, each Soroptimist region grants one first-place award for $5,000.

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

Soroptimist also o! ers awards through its headquarters o" ce to applicants who do not live near a Soroptimist club.

Each year more than $2 million is awarded through the Soroptimist *Live Your Dream Awards* program.

powered by volunteers of SOROPTIMIST®

empowered by activists of LIVEYOURDREAM.ORG®

live YOUR dream
education & training awards for women®

Instructions

Deadline: Applications are due each year by **January 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 high school equivalency, a vocational/skills training, or an undergraduate degree program.
- Is motivated to achieve your education and career goals.
- Resides in one of Soroptimist International of the Americas, Inc.'s member countries/territories (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Ecuador, Guam, Japan, Korea, Mexico, Northern Mariana Islands, 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 and is not pursuing one currently.
- Is not a Soroptimist member, an employee of Soroptimist International of the Americas® or immediate family of either.
- Will write essays in your own words without the use of artificial intelligence.

Step 2: Review Privacy Statement

I understand that Soroptimist International of the Americas, Inc. ("Soroptimist") will collect the information set out in this application, and any other information I may have provided in support of this application, for the purposes of evaluating my eligibility for a *Live Your Dream Award*.

Soroptimist may also use my contact information to communicate with me, including to send follow-up emails to award recipients.

Soroptimist may also combine my information with that of other applicants in aggregate, anonymous form for the purpose of evaluating the program and reporting results.

I understand that my application may be submitted electronically for evaluation.

Soroptimist may share my personal information with its a! liates, service providers, and contractors, to the extent that such persons need access to the information in connection with the evaluation of my application for an award. Soroptimist will not sell or trade my personal information, and it will not include my personal information in any publication without my express permission.

Soroptimist may also contact the persons who have provided references about me, for confirmation of such references. Soroptimist or its contractors may also use or disclose my information to verify enrollment in the educational program described in my application.

I understand that my personal information will be stored in Canada or the United States of America (USA) and accessible to Soroptimist sta" , evaluators and contractors with a need to know such information. I also understand that some of Soroptimist's a! liates, service providers, and contractors are located in the USA. As a result, my personal information may be transferred to or accessible in the USA and accessible to courts, law enforcement and national authorities in the USA, which may give rise to a risk that my travel to the USA could be impacted if information that I provide to Soroptimist is relevant to my eligibility to enter the USA.

Furthermore, I understand that I may contact Soroptimist's program team at **LYDAwards@soroptimist.org** in order to: (a) access or update my personal information; (b) ask questions about Soroptimist's information handling practices, including to request written information about Soroptimist's policies and practices with respect to service providers outside my country of residence or to ask questions about such service providers; (c) express any concerns or complaints I may have about Soroptimist's handling of my information; or (d) withdraw my consent to Soroptimist's continued collection, use or disclosure of my personal information.

Step 3: 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.****

If you have questions, contact the person listed below or Soroptimist headquarters at **LYDAwards@soroptimist.org**.#

Step 4: Ask people to tell us about you

You will need at least one person who is not related to you by blood or marriage to fill out the **reference form** you received with this application. The second reference form is optional but will strengthen your 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 that they email the form back to you or send it directly to the local club when completed. Reference letters will NOT be accepted.

Step 5: Submit your application

Attach your application and reference form(s) to an email and send to the contact person listed below by **January 15th.** Incomplete applications or applications received without at least one reference form will not be considered. If this section is blank, please email your application materials to **SIA Headquarters**.

Soroptimist Club Name: SI of the Tri Cities

Region: Western Canada Region

Club Contact Person: Sharon

Telephone: 604-290-5110 Email Address: sitcawards@gmail.com

Address:

City: State: Postal Code:

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.



"Receiving these awards is a small testament to my ongoing fight in achieving a career so I can create a better life for my daughter."

—Alma, *Live Your Dream Awards* recipient

Ready, Set, Live Your Dream!

Begin your application now.

Part I. Basic Information

Name (first, middle initial, last):

Address (number and street address):

City/Province: State: Postal Code:

Country: Telephone: Email Address:

Age:

Highest level of education achieved: Date Completed :

Number of dependents you support (NOT including yourself):

How are they related to you (children, spouse/partner, parents, etc.)?:

Ages of dependents:

If you have dependents other than your children, please tell us a little about your dependents and why they rely on you for financial support.

A. More About You (Optional)

Which category best describes you? Please select all included in your identity. This question is optional.

- ☐ White (European descent)
- ☐ Hispanic, Latino or Spanish origin (Eg: Mexican or Mexican American, Puerto Rican, Cuban, Salvadoran, Dominican, Colombian, etc.)
- ☐ Black, African American, Afro-Latina (African descent)
- ☐ Asian (Eg: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese, etc.)
- ☐ Indigenous
- ☐ SWANA - Southwest Asia and North Africa (Eg: Arab, Imazighen, Persian, Lebanese, Iranian, Egyptian, Syrian, Moroccan, Algerian, etc)
- ☐ Native Hawaiian or Other Pacific Islander (Eg: Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, etc)
- ☐ Multiracial or Biracial
- ☐ Other race, ethnicity or origin: _____
- ☐ Prefer not to answer

Is there any other information that you would like to share about your racial/ethnic identity?

How did you hear about the Soroptimist *Live Your Dream Awards*?

- ◯ 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
- ◯ Searchable database of scholarships: _____
- ◯ Other: _____

Part II. What are your education and career goals?

What kind of education are you currently pursuing?

- ◯ GED/high school equivalency program
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Professional certification training
- ◯ Other vocation/skills training

What is the full name of the school or training program? Please do not abbreviate. _____

What subject are you studying? _____

What is your current status in the program?

- ◯ Accepted in the program.
- ◯ Accepted and currently enrolled.
- ◯ Accepted in the program, enrolled, and currently attending classes.
- ◯ Other, please explain: _____

When will you complete your studies (month and year)? _____

Are you working while you are getting your education? (check one) Yes ◯ No ◯

If yes, how many hours per week? _____

In 300 words or less, please tell us about your career goals, and be specific about how your education and training supports these goals.

Part III. Financial Information

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

Are you the primary financial provider in your household? Yes ◯ No ◯

Does anyone else living with you contribute to the household financially? Yes ◯ No ◯

If yes, do they financially contribute more, less, or the same amount as you? More ◯ Less ◯ Same Amount ◯

What is their relation to you?_____

A. Financial Aid and Educational Expenses

What do you receive in financial aid?

All scholarship, awards, grants, etc. $_____ ◯ annual ◯ monthly ◯ semester

If you selected semester, how many semesters per year? _____

All loans $_____ ◯ annual ◯ monthly ◯ semester

If you selected semester, how many semesters per year? _____

TOTAL ANNUAL FINANCIAL AID:	0

What are your educational expenses?

Total tuition, books, and fees before any loans/financial aid/scholarships:

$_____ ◯ annual ◯ monthly ◯ semester

If you selected semester, how many semesters per year? _____

TOTAL ANNUAL EDUCATIONAL EXPENSES:	0

B. Income: Please list your household income (from the money you have left after taxes) in the chart below.* If your income varies from month to month, please list the average amount.

Please use the Budget Tips Worksheet to help you complete the Income and Expenses section of the application.

Employment: $_____ annual ◯ monthly ◯

Child Support: $_____ annual ◯ monthly ◯

Alimony: $_____ annual ◯ monthly ◯

Government Assistance: $_____ annual ◯ monthly ◯

Include rental assistance, cash assistance, food stamps, etc.

Social Security Income (U.S. only): $_____ annual ◯ monthly ◯

Please list any additional income, including income other household members receive.

Source: _____

$_____ annual ◯ monthly ◯

Source: _____

$_____ annual ◯ monthly ◯

Source: _____

$_____ annual ◯ monthly ◯

*This form will automatically add up your total annual income for you.

TOTAL ANNUAL INCOME: 0

C. Credit Cards

Are you currently using credit cards or personal loans to help cover your expenses? Yes ◯ No ◯

If yes, approximately, how much of your expenses are you covering with credit cards or loans?

$_____ annual ◯ monthly ◯

D. Savings

Do you have savings? Yes ◯ No ◯ Current Savings Balance $_____

If yes, are you using your savings to supplement your living expenses? Yes ◯ No ◯

If yes, approximately how much are you withdrawing from savings for living expenses?

$_____ annual ◯ monthly ◯

E. Expenses: Please list your household expenses in the chart below. Please be sure to indicate how often you incur these expenses (annually or monthly). Please explain any 0's below. *This form will automatically add up your total annual income for you.*

Housing: $_____ annual ◯ monthly ◯

Food: $_____ annual ◯ monthly ◯

Childcare: $_____ annual ◯ monthly ◯

Utilities: $_____ annual ◯ monthly ◯

Include electricity, cell phone/landline, gas, AC/heat, internet, etc.

Medical: $_____ annual ◯ monthly ◯

Transportation: $_____ annual ◯ monthly ◯

Include car payment, maintenance, insurance, rideshare costs, public transportation (bus, subway, train, etc.).

Debt Repayment: $_____ annual ◯ monthly ◯

Please list any additional expenses.

Expense: _____

$_____ annual ◯ monthly ◯

Expense: _____

$_____ annual ◯ monthly ◯

Expense: _____

$_____ annual ◯ monthly ◯

Please explain any 0s in the expense section.

TOTAL ANNUAL EXPENSES:	0

**This form will automatically place totals here for reference.*

TOTAL ANNUAL EXPENSES $0 **TOTAL ANNUAL INCOME $**0

TOTAL ANNUAL EDUCATIONAL EXPENSES $0 **TOTAL ANNUAL FINANCIAL AID $**0

Part IV. Tell us more about yourself

You faced some challenges, you've worked hard to overcome them ... now tell us how this award could help you live your dream! (750 words or less).

Your application will be stronger if the judges have a full understanding of you and your circumstances. Use this section to help them get to know you better!

Important note: We make an e" ort to protect your personal information. You can help by not mentioning specific names of individuals or names of specific places you've worked or lived in your response. Use phrases like "my child/partner" or "my workplace" instead.

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 certify that I wrote this application without the use of artificial intelligence, and all that all essays are my own writing.
- I certify that this is the only application I have submitted—in any format or to any address—this year for a Soroptimist *Live Your Dream Award*.
- I certify that I have not received a Soroptimist *Live Your Dream Award* or Women's Opportunity Award in the past.
- I have read, understood and agree to Soroptimist International of the Americas, Inc. privacy policy.

By typing your name below, you adhere to the above requirements.

Signature of applicant Date

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

SOROPTIMIST®
Investing in Dreams

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