

Soroptimist International of the Americas Sierra Pacific Region "Furthering the Dream" Award

Miss/Ms./Mrs. _____
(Circle one) First Middle Last

Address: _____
(Street Address or P.O. Box, including any c/o or Unit number, City, Zip)

Telephone: Home: () _____ Cell: () _____

Email address: _____ Citizenship _____

Field of Study/Major for BA/BS or graduate studies: _____

Title of Thesis/Dissertation (if applicable): _____

Name of Institution you are attending: _____

Period of Enrollment (total number of months you will be enrolled): _____ Units Completed _____

Units Remaining: _____ Anticipated Date of Completion: _____

Are you a recipient of a Soroptimist Live Your Dream Award? Y / N: From what club? _____

ALL OF THE FOLLOWING ITEMS MUST BE INCLUDED WITH THE APPLICATION OR THE ENTIRE PACKAGE WILL BE DISQUALIFIED.

1. Description of program of study/major and any featured, related projects: Submit a minimum of three, maximum of five pages, double spaced, and 12 pt. font.
 - a. Include a statement of your career goals. Please explain how you are pursuing a course of study non-traditional for women, or that which will improve the lives of women/girls.
 - b. Include a statement of your advancement in your program.
2. Autobiography: Submit a maximum of five pages, double spaced, 12 pt. font.
 - a. Include family background, volunteerism, co-curricular activities, hobbies, interests, etc.
3. Certified transcripts of all undergraduate/graduate work completed and proof of university registration.
4. **Two** confidential letters of recommendation. They must be sent separately, but must arrive by **March 31st** from:

Department Chair Name: _____ Email: _____

Faculty Member Name: _____ Email: _____

MATERIALS OTHER THAN LETTERS OF RECOMMENDATION MUST BE SENT IN A SINGLE EMAIL TO THE FURTHERING THE DREAM CHAIR AT THE ADDRESS BELOW. ALL MATERIAL MUST BE TRANSMITTED NO LATER THAN MARCH 31ST. FAILURE TO COMPLY WITH THESE REQUIREMENTS WILL RESULT IN DISQUALIFICATION. (IF EMAIL IS UNAVAILABLE, CALL FOR ASSISTANCE.) SEND TO:

Mrs. Susan Buckley, yk909sar@gmail.com, 661-755-3308

I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT AS OF THE DATE BELOW.

Signature: _____ Date: _____

NOTE: SEMIFINALISTS WILL BE REQUIRED TO APPEAR FOR A PERSONAL INTERVIEW (ON LINE) IN APRIL. FINALISTS WILL BE NOTIFIED AND INVITED TO ATTEND THE SOROPTIMIST SIERRA PACIFIC REGION CONFERENCE TO BE RECOGNIZED BY SOROPTIMIST MEMBERSHIP IN MAY, AND TO RECEIVE THEIR AWARD.