

# Ready to begin a new life?



Since 1972, the *Soroptimist Live Your Dream Awards*<sup>®</sup> 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 <sup>®</sup>



Recipients may use the cash award to offset any costs associated with their efforts 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 offers awards through its headquarters office 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**<sup>®</sup>



empowered by activists of  
**LIVEYOURDREAM.ORG**

**Deadline:** Applications are due each year by **November 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 vocational/skills training program 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, Palau, 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.

## 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 affiliates, 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 staff, evaluators and contractors with a need to know such information. I also understand that some of Soroptimist's affiliates, 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 [program@soroptimist.org](mailto:program@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

# Instructions

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.\*\***

Step 1: Download **Adobe Reader**.

Step 2: Save a copy of the application to your computer.

Step 3: Open Adobe Reader.

Step 4: From the left column, choose 'My Computer' and find where you saved the application.

Step 5: Open the application within Adobe Reader.

Step 6: Hold your mouse over the first blue text box and click.

Step 7: Type your responses into the application.

(Note: You will not be able to change the type size. Please limit your answers to the space allotted.)

Step 8: Once all parts of the form are completed, select "File" and choose "Save As" from the drop down menu.

Step 9: Change the file name (for example, "LYDApplicationLG," where LG are your initials.)

Step 10: Click "Save."

Step 11: Submit.

## Step 4: Ask people to tell us about you

You will need at least one person who is not related to you or married to you 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 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 November 15. Incomplete applications or applications received without at least one reference form will not be considered.

Soroptimist Club Name: \_\_\_\_\_

Region: \_\_\_\_\_

Club Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

## Questions

If you have questions, contact the person listed above or Soroptimist headquarters at [LYDAwards@soroptimist.org](mailto:LYDAwards@soroptimist.org).

## 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.



# 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Highest level of education achieved: \_\_\_\_\_

Date Completed : \_\_\_\_\_

Number of dependents you support (NOT including yourself): \_\_\_\_\_

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

Ages (if they are children): \_\_\_\_\_



***“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*

## Part II. What are your education and career goals?



- A. What's the name of the school or training program you are attending or have been accepted to?
- B. What are you studying? (example: Bachelor of Science nursing degree or computer science certificate)
- C. When will you complete your studies (month and year)?
- D. Are you working while you are getting your education? (check one)      YES      NO
- If yes, how many hours per week? \_\_\_\_\_
- E. In 300 words or less, please tell us about your career goals, and give specifics 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? \_\_\_\_\_

Does anyone else living with you contribute to the household financially? \_\_\_\_\_

If yes, do they financially contribute more, less, or the same amount as you? \_\_\_\_\_

What is their relation to you? \_\_\_\_\_

**A. INCOME:** Please list your household income and savings (from the money you have left after taxes) in the chart below. Please be sure to indicate how often you receive these income sources (annually, monthly, other) and if you select other, please explain.

Employment:	\$ _____	annual	monthly	other _____
Savings:	\$ _____	annual	monthly	other _____
Child Support:	\$ _____	annual	monthly	other _____
Alimony:	\$ _____	annual	monthly	other _____
Government Assistance:	\$ _____	annual	monthly	other _____
Social Security (U.S. only):	\$ _____	annual	monthly	other _____
Loans:	\$ _____	annual	monthly	other _____
Scholarships:	\$ _____	annual	monthly	other _____
Please list any additional income, including income other household members receive.				
Source:	_____			
	\$ _____	annual	monthly	other
Source:	_____			
	\$ _____	annual	monthly	other
Source:	_____			
	\$ _____	annual	monthly	other
<b>TOTAL INCOME:</b>				_____

**B. EXPENSES:** Please list your household expenses in the chart below. Please be sure to indicate how often you incur these expenses (annually, monthly, other) and if you select other, please explain. Please explain any 0's.

Housing:	\$ _____	annual	monthly	other _____
Food:	\$ _____	annual	monthly	other _____
Childcare:	\$ _____	annual	monthly	other _____
Tuition:	\$ _____	annual	monthly	other _____
Utilities:	\$ _____	annual	monthly	other _____
Medical:	\$ _____	annual	monthly	other _____
Transportation:	\$ _____	annual	monthly	other _____
Books:	\$ _____	annual	monthly	other _____

Please list any additional expenses.

Expense: \_\_\_\_\_  
 \$ \_\_\_\_\_ annual      monthly      other

Expense: \_\_\_\_\_  
 \$ \_\_\_\_\_ annual      monthly      other

Expense: \_\_\_\_\_  
 \$ \_\_\_\_\_ annual      monthly      other

<b>TOTAL EXPENSES:</b>	
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## Part IV. Tell us more about yourself

The *Live Your Dream Awards* are all about helping women who have faced economic and personal hardships to live their dreams. Since 1972, the award has provided tens of thousands of women with cash grants to help them achieve their educational and career goals. The program helps women build a better life for themselves and their dependents. Do you think this award could help you live your dream? In 750 words or less, tell us about the challenges you've faced and how you think this award could help you to live your dream.



## 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 this is the only application I have made—in any format or to any address—this year for a Soroptimist *Live Your Dream Award*.
- 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.**

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Signature of applicant

Date

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: \_\_\_\_\_

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



SOROPTIMIST®

Investing in Dreams



Soroptimist International of the Americas, Inc.®

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