

Dare to  
DREAM



SOROPTIMIST  
Best for Women



Do you  
Dare to Dream?



You can do it!



**S**oroptimist International of Calgary has set up a new award to help women – just like you – who have the courage and determination to better their lives by continuing their education.

This is a cash award and recipients may use the award to offset any costs associated with their efforts to attain an education, including books, tuition, transportation, etc.

The award is targeting women who, for whatever reason, find that they are lacking in the basic education of a high school diploma, or are new to Canada and must improve their English education in order to enter the workforce in their chosen field. It also targets women who find themselves lacking in the skills needed to find a better career, so want to enter a skills-training program.

Soroptimist International of Calgary is instituting one award of \$1000 as a cash award that may be used to help you attain an educational goal to better your life. Applications will be received from July 1 to January 20 of the following year. Applications will be judged and the winner will be notified by the end of February. The award will be presented at a dinner honouring all award winners of Soroptimist International of Calgary's awards programs in April of each year.

Fill out the following application and submit it by January 20 in the coming year, to the following:

Soroptimist International of Calgary  
Name: Awards Chair  
Email: [awards@soroptimistcalgary.org](mailto:awards@soroptimistcalgary.org)  
Phone: 403 271-7749 or 403-251-4013  
Award application deadline: January 20



Get started now!

Amount of award: \$1000.00

**Deadline:** Applications are due each year by January 20. Award recipients will be notified between February and March. 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 and will not be shared without your prior permission.

## Step 1: Determine if you are eligible

You are eligible if you:

- Provide the primary financial support for yourself.
- Have financial need.
- Are enrolled in or have been accepted to a vocational/skills training program, an upgrading or ESL program, or an undergraduate degree program.
- Are motivated to achieve your education and career goals.
- Are not a Soroptimist member, an employee of Soroptimist International of the Americas or immediate family of either.

## Step 2: 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—a free download—to fill out the form. If you do not use Adobe Reader, your answers will not be saved.

- Select the “Hand Tool” that appears as a small white hand.
- Move the “Hand Tool” and click on the area where you want to type.
- A cursor will appear and you can begin typing to complete the application. (Note: You will not be able to change the type size. Please limit your answers to the space allotted.)
- Once all parts of the form are completed, select “Save As” from the “File” menu and change the file name (for example, “DTDApplicationLG,” where LG are your initials.)
- Click “Save.”

## Step 3: Ask people to tell us about you

You will need two different people—who are not related to you—to fill out the [reference forms](#) you received with this application. Please email this form to your references and request they email the forms back to you when completed. Only two references will be accepted. Please use the form and do not submit reference letters.

## Step 4: Submit your application

Attach your application and two reference forms to an email and send to the contact person listed below by January 20. Incomplete applications or applications received without reference forms will not be considered.

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

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

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

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

## 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.



*Start your application now!*



# Ready, Set, Dare to Dream!

*Begin your application now.*

## Part I. Basic Information

Name (first, middle initial, last): \_\_\_\_\_

Address (number and street address): \_\_\_\_\_

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

Province: \_\_\_\_\_

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

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

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

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

Marital Status: \_\_\_\_\_

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

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

## 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?

" \_\_\_\_\_

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



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**A. INCOME:** Please list your ANNUAL household income and savings in the chart below.

Employment:	\$_____ per year	Government Assistance:	\$_____ per year
Savings:	\$_____ per year	Loans:	\$_____ per year
Alimony:	\$_____ per year	Scholarships:	\$_____ per year
Please list any additional income, including income other household members receive.			
Source:	_____	\$_____	per year
Source:	_____	\$_____	per year
Source:	_____	\$_____	per year
TOTAL ANNUAL INCOME:			

**B. EXPENSES:** Please list your ANNUAL household expenses in the chart below.

Housing:	\$_____ per year	Utilities:	\$_____ per year
Food:	\$_____ per year	Medical:	\$_____ per year
Tuition:	\$_____ per year	Transportation:	\$_____ per year
Books:	\$_____ per year		
Please list any additional expenses.			
Expense:	_____	\$_____	per year
Expense:	_____	\$_____	per year
Expense:	_____	\$_____	per year
TOTAL ANNUAL EXPENSES:			





## 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 @ #
- 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 understand that my application may be submitted electronically for evaluation.
- @ # u confidential unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the award.

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

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Signature of applicant

Date

Thank you for applying for the  
Dare to Dream Award.  
Congratulations on all you have achieved so far!



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Last page, we knew you could do it!

