



SOROPTIMIST
Best for Women

Soroptimist Dream Grant

*Funds to Help Women Overcome
Obstacles to Living Their Dreams*

*Grants Provided by the Linda Wadsworth
Fund and proceeds from the Soroptimist
Heart to Heart Ball*

Soroptimist Can Help You to Live Your Dream!

Deadline: Applications are accepted any time throughout the year. Recipients will be notified within 45 days of receiving their application. Not all applicants will be selected for funding. Your application will be reviewed by a panel of Soroptimist member judges. All information will remain confidential and will not be shared without your prior permission.

You must use Adobe Reader, a free download, to fill out the grant application. If you do not use Adobe Reader, your answers in the form will not be saved. See last page for instructions.

Step 1: Determine if you are eligible. Applicants must meet all the requirements.

- You are eligible if you are a female identified person who: Has financial need and is motivated to achieve your education and career goals.
- Has been accepted to, enrolled in or completed a vocational/skills training program or undergraduate degree program.
- You reside in Windham, Tolland, or New London County.
- You are not a Soroptimist member, an employee of Soroptimist International of the Americas or immediate family of either.
- You have a Social Security number or Tax ID number. (This is required for tax purposes.) You will not be asked to share this information unless you have been given a grant.)

Step 2: Tell us about yourself and what the funds will be used for.

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. Grant request must fit within the specified categories listed in part IV.

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. It is recommended that you request references from people who know you from an educational or work setting. Please email the reference form to your references and request they email the forms back to you when completed. 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 email address listed below. Incomplete applications or applications received without reference forms will not be considered. Please call or email with questions regarding filling out the application.

Soroptimist Dream Grant Application

Soroptimist International of Willimantic

Contact: Julie Sweeney

Telephone: 860-428-2393

Email: siwllimantic@soroptimist.net

PO Box 485 Mansfield, CT 06250

Part I. Basic Information

Name

Address:

Email:

Telephone:

Date of Birth:

Marital Status:

Highest level of education achieved:

When completed:

Number of dependents you support (NOT including yourself):

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

Ages (if they are children):

Part II. What are your educational 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: CNA, BS Nursing, Cosmetology) _____

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 150 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

Grant recipients are chosen in part based on financial need. Please share information about your annual income and expenses.

INCOME: Please list your ANNUAL household income and savings (from the money you have left after taxes) in the chart below.

| | |
|--|--|
| Employment: | |
| Government Assistance, Alimony, Child Support (including food stamps): | |
| Savings: | |
| Loans: | |
| Scholarships/Grants: | |
| Other: | |
| Total Income: | |

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

| | |
|------------------------|--|
| Housing: | |
| Utilities, Food | |
| Medical: | |
| Childcare: | |
| Transportation: | |
| Tuition, books | |
| Other: | |
| Total Expenses: | |

Part IV. Budget (What funds will be used for. Be specific. Must fit one of the following categories.) Total funds must not exceed \$500

Checks will be made to the licensing and or testing organization.

| | |
|---|--|
| Licensing Fees: | |
| Testing Fees: | |
| Tuition: | |
| Transportation (bus passes, gas cards, etc. up to \$200) | |
| | |
| | |
| Total Grant Money Requested: | |

Part V. Tell us more about yourself

The Soroptimist Dream Grant is all about helping women who have faced economic and personal hardships to live their dreams. The program helps women build a better life for themselves and their dependents. Do you think this grant could help you live your dream? In 250 words or less, tell us about the challenges you've faced and how you think this award could help you to live your dream. A separate document can be attached.

Part VI. 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 understand this award is not a scholarship and is therefore taxable for citizens of the United States.
- I understand that my application may be submitted electronically for evaluation.
- I understand that my application becomes the property of Soroptimist of Willimantic. The application will be considered 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.

Signature of applicant

Date Signed

Thank you for applying for the Soroptimist Dream Grant!

****You must use Adobe Reader—a free download—to fill out the reference form. If you do not use Adobe Reader, your answers in the form will not be saved.****

- Step 1: Download Adobe Acrobat
- 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 form.
- Step 5: Open the form within Adobe Reader.
- Step 6: Hold your mouse over the first blue text box and click.
- Step 7: Type your responses into the form. (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, "SoroptimistDreamGrantLG," where LG are your initials.)
- Step 10: Click "Save."
- Step 11: Email your saved application and reference forms to siwillimantic@soroptimist.net

If you are a woman who is head of household and enrolled in a certificate or undergraduate program, you may be eligible to apply for our Soroptimist Live Your Dream Award

The Soroptimist Live Your Dream Award assists women who provide the primary source of financial support for their families, the opportunity to achieve their career goals by giving them the resources they need to improve their education, skills and employment prospects. In addition to providing the primary financial support for their families, eligible applicants must be enrolled in, or have been accepted to, a vocational/skills training program or an undergraduate degree program and must demonstrate financial need. Recipients can use the Live Your Dream Award to offset costs associated with their efforts to attain higher education or additional skills and training. This includes tuition, books, childcare, carfare or any other education related expense.

Applications are available at bit.ly/LYDA-apply, via our website or contact us by email at siwillimantic@soroptimist.net. There is a deadline to apply for the Live Your Dream award. The date is on our website.

Soroptimist of Willimantic club will provide a \$1,200 cash award to its first-place award recipient, who will then advance to the Soroptimist Northeastern Region level, where recipients could receive up to an additional \$5,000. The program culminates with three finalist \$10,000 Federation awards.

Soroptimist International of the Americas Live Your Dream Award provides over \$2 million in cash grants to head-of-household women in need each year. Since the program's inception in 1972, more than \$30 million has helped tens of thousands of women around the world achieve their dreams of a better life for themselves and their families. It improves the recipients' quality of life; builds their confidence; strengthens their self-determination and makes them want to, in turn, help others. Helping women in this way has the demonstrated effect of leading to stronger communities.

For grant applications or for information about how you can help improve the lives of women and girls, please visit www.soroptimistwillimantic.org.