



SOROPTIMISTS INTERNATIONAL OF SCOTTS BLUFF COUNTY

AGREEMENT

WHEREAS, Soroptimists International of Scotts Bluff County (SISB) has elected to donate/gift to _____ (Recipient) for the purpose of supporting her career goals in the field of _____.

NOW/THEREFORE, based on the above premises and the mutual covenants hereinafter set forth, it is agreed between SISB and the recipient as follows:

1. Recipient is a student pursuing a career requiring education after high school graduation, and has a cumulative high school grade point average of 2.5 or higher.
2. Recipient must maintain a cumulative passing grade in a technical/trade school or college GPA of 2.5.
3. The award is based on the applicant's expressed career goals, plans and needs as described in the application documents.
4. The Scotts Bluff County Soroptimists Club appoints the award selection committee from among its current members.
5. Applicants are required to provide verbal or written report at the end of each semester, including transcripts and how funds were used.

Please print name: _____

Applicant's Signature _____ Date _____

PERSONAL INFORMATION

Name _____

Address _____ City _____

State, Zip _____ Phone Number _____

Email _____

Date of Birth: _____

EDUCATION AND CAREER GOALS

Name of High School _____ Graduation year _____

Year of "Dream It Be It" Graduation: _____

Educational institution attending or planning to attend: _____

What are your educational goals? (area of study/degree) _____

When do you anticipate completing your studies? _____

Are you planning to work while completing your education? _____

If yes, how many hours do you anticipate you will work per week? _____

EMPLOYMENT HISTORY

Are you currently employed? _____ If yes, where: _____

Employment History: _____

OTHER FINANCIAL ASSISTANCE: List financial assistance (scholarships, grants, awards, etc.) and/or tuition reimbursement from any other sources, including your college/university or any government entity you anticipate receiving for the upcoming academic year.

Source: _____

Type of Assistance: _____

Amount: _____

CURRENT INVOLVEMENT: List current activities, contributions to the community and/or volunteer activities in which you participate, or honors, recognition, or significant personal achievements.

ATTACHMENTS: The following is a list of required documents that must be submitted TOGETHER with your application:

1. Personal Information Form
2. Copy of High School Transcript
3. Application Form
4. Two letters of recommendation

Name (printed) _____

Applicant's signature _____ Date: _____



SOROPTIMIST
Best for Women®

DREAM IT, BE IT EDUCATION AWARD APPLICATION FORM


APPLICANT'S NAME _____

Please respond to the following questions:

1. Describe your career goals (your dream) and explain how this award would help you attain your goals.

2. What are the steps necessary to reach your career goals, and your schedule for achieving each step?

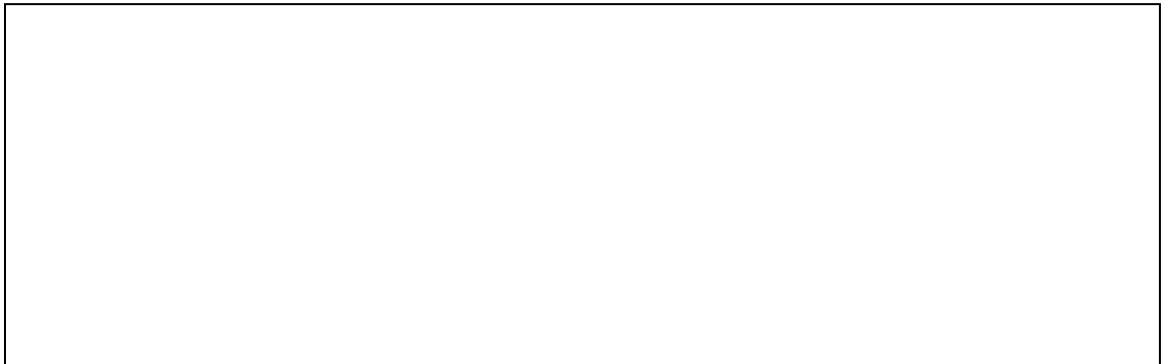
3. What obstacles do you anticipate and what strategies and support systems do you plan to use to overcome them?



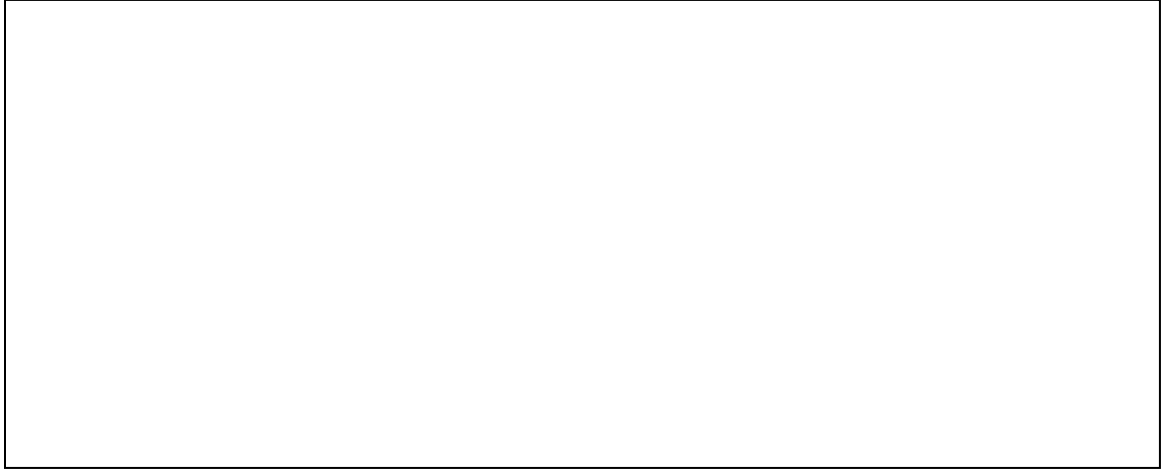
4. What strategies do you anticipate using to turn past failures into success as you work toward your goals?



5. What strategies will you use to balance and manage your stress?



6. Describe your community service activities, including leadership activities, awards and recognitions. Explain what you have learned from those activities and how you will apply that knowledge in your future.



7. Describe your family responsibilities and explain how those responsibilities are reflected in your future plans.



