



Soroptimist International of Stuart

Women in Transition Award

Instructions

Deadline: Applications are due each year by February 15 and are accepted between December 15 and February 15. Award recipients will be notified between March and June. Not all applicants will be selected for an award. Your application will be reviewed by a panel of judges from the community, 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 are a woman who:

- Over the age of 40.
- Have no dependents.
- Provides the primary financial support for yourself.
- 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.
- Has not previously been the recipient of this award.
- Does not have a graduate degree
- Does not have a graduate degree.
- Is not a Soroptimist member, an employee of Soroptimist International of the Americas or immediate family of either
- Has a Social Security number or Tax Id number.
- Priority will be given to women who live and work in Martin County.

Step 2: Tell us about yourself

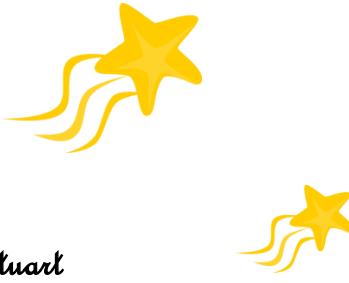
Fill out the award application telling us about yourself. Your information will be kept confidential and shared only with the evaluator unless you give us written permission to use your story to publicize the program.

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. It is recommended that you request references from people who know you from an education or work setting. Please email the form to your references and do not submit reference letters.

Step 4: Submit your application

Applications are accepted between December 15 and February 15. Once you have completed your application and reference forms please send to SI Stuart, Women In Transition, PO Box 2250, Stuart 34995. You can email your questions to SISStuart@yahoo.com please include your phone number. You may also email the completed application to SISStuart@yahoo.com.



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Begin your application now!

Part I. Basic Information

Print Name (First, middle initial, last):

Address: (Number and street address):

City: _____ State: _____

Postal Code: _____ County: _____

Telephone _____ Email Address: _____

Date of birth: _____ Marital Status: _____

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): _____

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? _____ Hrs.

E. In 300 words or less, please tell us about your career goals. Give specifics about how your education and training supports these goals. (If necessary use a blank page.)



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Part III. Financial Information:

Women in Transition Award recipients are chosen in part based on financial need. Please share information about your annual income and expenses. Please be as exact as you can.

A. Income: Please list your annual household income and savings from the money you have left after taxes) in the chart below.

Employment: \$ _____ per year	Government Assistance: \$ _____ per year
Savings: \$ _____ per year	Social Security (U.S. only) \$ _____ per year
Child Support: \$ _____ 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 \$ _____ per year	

B. Expenses: Please list your annual household expenses in the chart below.

Housing \$ _____ per year	Utilities: \$ _____ per year
Food \$ _____ per year	Medical: \$ _____ per year
Child Care: \$ _____ per year	Transportation: \$ _____ per year
Tuition: \$ _____ per year	Books: \$ _____ per year
Please list any additional expenses	
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
Expense: _____	\$ _____ per year
Total Annual Expenses \$ _____ per year	



Part IV. Tell us more about yourself

Soroptimist International of Stuart's Women in Transition Award focuses on supporting women who have or are going through transition later in life and are seeking support for their journey toward a new and meaningful goal. In 750 words or less, tell us about the challenges you have faced and how you think this award could help you to realize your dream.



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Part V. Agreement

Please read the following information carefully. When you type/sign 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 that this is not a scholarship and is therefore taxable for citizens of the United States. For more information, consult IRS publication 520. (Residents of other countries should check their local tax laws.)
- I certify that this is the only application I have made-in any format or to any address, this year for a Soroptimist International of Stuart Women in Transition Award.
- I understand that my application may be submitted electronically for evaluation.
- I understand that my application become the property of Soroptimist International of the Americas. 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 or signing your name below you adhere to the above requirements

Signature of applicant: _____ Date: _____

How did you hear about the Soroptimist International of Stuart Women in Transition Award?

- 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: _____
-

We wish you the best of luck in achieving your educational and professional goals. Thank you for applying for the Women in Transition Award. Congratulations on all you have achieved so far!





Soroptimist International of Stuart

Women in Transition Award

Thank you for agreeing to provide a reference for (name of student) _____

The Soroptimist International of Stuart's Women in Transition Award will provide women with resources to improve their education, skills and employment prospects during the time of transition later in life.

Eligible applicants are women who:

- Over the age of 40.
 - Have no dependents.
 - Provides the primary financial support for yourself.
 - Has financial need
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 - Is motivated to achieve your education and career goals.
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 - Has a Social Security number or Tax Id number.
 - Priority will be given to women who live and work in Martin County.

In order for applicants to be fairly judged, reference forms are required. Please do not submit other forms of references (such as a letter). They will not be considered as part of the application. Please email the completed form back to the applicant for submission. Reference forms must be submitted by the applicant with her application.

Please use your personal knowledge of the applicant to respond to the following questions:

1. How long have you known the candidate, and in what capacity (employer, school instructor, friend, etc.)?
 2. Please rate the candidate.



Reference Form 2

3. Please tell us what you believe to be the applicant's particular strength in her personal, educational, or professional life. If you can, give examples of particular accomplishments.
 4. What is your knowledge of the applicant's education goals and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.
 5. Is there any additional information we should know about this applicant in regard to the award program?

Completed by: (Important: please send completed reference form to applicant for submission with her application.)

Name: _____ Date: _____

Organization: _____

Title: _____

Address: _____

Telephone number: _____ Email: _____

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