

Applicant's name, phone number, and email address:

Soroptimist International North San Diego's (SI NSD's) *Continue the Dream* Program is an extension of the Soroptimist-wide *Live Your Dream* (LYD) education award program. It allows us to help more women who have faced economic and personal hardships to live their dreams. Extensions to LYD include helping women:

- year round
- more than once
- who have been recipients of other SINSD programs
- working on higher education

Important note: We make an effort to protect your personal information - please help us by not mentioning specific names of individuals in your answers (use phrases like "my son/daughter/partner").

son/daugnter/partner*).			

Mailing Address:

Marital status:

Highest level of education achieved:

Name of institution:

Month/date that education was completed:

of dependents you support (not including you):

Enter # in each category and additional pertinent info:

Dependent	Number	Additional Info
Children		Ages:
Grandchildren		
Siblings		
Spouse		
Parents		
Other **		Who?



Education and Career Goals

What is the name of the school or training program you are attending or have been accepted to?

What subject are you studying and why?

When will you complete your studies?

Are you working while you are getting your education?

If so, who is your employer, what do you do for them and how many hours do you typically work per week?

Please tell us about your career goals, and be specific about how your education/training supports these goals:

Financial Situation

Continue the Dream award recipients are chosen in part based on financial need. Please share information about your ANNUAL income and expenses, being as exact as you can.

Income: Please list your annual household income. Enter "N/A" if a line is not applicable

	Annual Amount
Employment	
Savings (\$ left over after taxes)	
Child support	
Alimony	
Government assistance	



Social Security	
Loans	
Scholarships / Grants	
Income from other household members	
Additional income (explain below)	
Total	

If you listed "Income from other household members", describe here:

If you listed "Additional income", describe here:

Use this space to include any clarifying notes about your listed income:

Expenses: List your ANNUAL household expenses. Enter "N/A" if a line is not applicable.

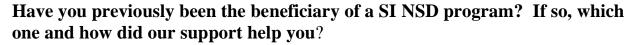
	Annual Amount
Housing	
Food	
Childcare	
Utilities	
Tuition	
Medical	
Transportation	
Books	
Additional Expenses	
Total	

If you listed "Additional expenses", describe here:

Use this space to include any clarifying notes about your listed expenses:



Your Dreams



Tell us how you plan to use this award and how it could help you live your dream:

SINSD supports women overcoming obstacles, who are returning to school to better their economic position for themselves and their families. Please describe your path up to this point, including the obstacles you have already and/or still need to overcome:



Final Steps

References may be required. If so, we will send you a separate form to complete.

Questions and your completed application should be sent to SINSD's Continue the Dream Committee at SoroptimistNSD@gmail.com.