

# SI North San Diego Continue the Dream Program Application



## 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 SINSND 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").

## 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

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

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

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.

	<b>Annual Amount</b>
<b>Housing</b>	
<b>Food</b>	
<b>Childcare</b>	
<b>Utilities</b>	
<b>Tuition</b>	
<b>Medical</b>	
<b>Transportation</b>	
<b>Books</b>	
<b>Additional Expenses</b>	
<b>Total</b>	

If you listed “Additional expenses”, describe here:

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

## **Your Dreams**

**Have you previously been the beneficiary of a SI NSD program? If so, which one and how did our support help you?**

**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](mailto:SoroptimistNSD@gmail.com).**