



Women's Re-Entry Award

A Program of Soroptimist International of Humboldt Bay

GENERAL INSTRUCTIONS

Eligibility Requirements: To be eligible for the Women's Re-Entry Award, you must:

- 1) Be presently enrolled as a student at Humboldt State University or College of the Redwoods, or enrolled or accepted to a vocational/skills training program or an undergraduate degree program;
- 2) Be maintaining a 2.0 or better GPA and have completed a lesson plan or academic plan for graduation at your school;
- 3) Be motivated to achieve your educational and career goals;
- 4) Currently meet the income eligibility criteria for the College of the Redwoods EOPS program or the Humboldt State University EOP program, or willing to prove financial need (see Part IV);
- 5) Be a resident of Humboldt County;
- 6) **Can not** apply for the SIA Live Your Dream Award.

Women who already have an undergraduate degree are ineligible to apply. Soroptimists, employees of Soroptimist, and the immediate families of both are not to apply.

The application with two completed reference forms must be received **OR POSTMARKED BY NOVEMBER 15. MAIL TO: SIHB, PO BOX 96, EUREKA, CA 95502.**

Award recipients will be notified in January. Not all applicants to the program will be selected as recipients.

PART I – PERSONAL DATA

Please type or print neatly in dark ink.

Name (last, first, middle initial)

Address (number and street address)

City	State	Zip Code	Telephone (area code first)
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E-mail Address	Social Security Number
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Date of Birth	Marital Status
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PART II – CAREER GOALS

Please list the school you are currently attending (or to which you have been accepted) and your proposed program of study. (example: Humboldt State University, a BA in Sociology or College of the Redwoods, an AS in Registered Nursing.)

When will you expected date to complete your program of study (month and year)? _____

Are you currently employed? (circle one) YES NO If yes, how many hours per week do you work? _____

Using a **separate sheet of paper**, please describe (in 300 words or less) your career goals and how your education and/or skills training support these goals.



SOROPTIMIST
Best for Women

PART III – PERSONAL STATEMENT

“The Women’s Re-Entry Award aids women who have faced economic and personal hardships and are seeking to gain additional skills, training and education. The program helps women who are returning to school to enter or return to the workforce or to improve their employment status.”

Using a **separate sheet** of paper, please tell us in 750 words or less how these statements apply to you and why you would make a deserving Women’s Re-Entry Award recipient.

PART IV – FINANCIAL QUALIFICATION

Signature of the HSU Educational Opportunity Program (EOP) office or CR Extended Opportunity Program and Services (EOPS) office is necessary to verify financial need. **Required or application will not be considered.**

Signed _____ Title _____ Date _____

Or:
If applicant is not enrolled as a student at Humboldt State University or College of the Redwoods and eligible for EOP or EOPS, please provide the following:

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

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

Housing: \$ _____ per year
Food: \$ _____ per year
Childcare: \$ _____ per year
Tuition: \$ _____ per year
Utilities: \$ _____ per year
Medical: \$ _____ per year
Transportation: \$ _____ per year
Books: \$ _____ per year
Please list any additional expenses.
Expense: _____ \$ _____ per year
Expense: _____ \$ _____ per year
Expense: _____ \$ _____ per year
TOTAL ANNUAL EXPENSES: _____



PART V – REFERENCES

Using the enclosed reference forms, please submit two references (from persons **not** related to you) with your completed application. (Only **two** references will be judged.) ***Applications received without references will not be considered.***

PART VI - AGREEMENT

- I certify that all information provided in this application is complete and accurate to the best of my knowledge. I will notify the Soroptimist International of Humboldt Bay/Eureka if there are any changes.
- I understand that this award is not a scholarship and is therefore taxable for citizens of the United States. (For more information, consult IRS Publication 520.)
- I certify that this is the only application I have made this year for a Women's Re-Entry Award from Soroptimist International of Humboldt Bay/Eureka and that I have never been awarded a Soroptimist Women's Opportunity Award or a Live Your Own Dream Award.
- I understand that my application becomes the property of Soroptimist International of Humboldt Bay/Eureka. The application will be considered confidential unless the applicant grants Soroptimist written permission to release personal information for the purpose of publicizing the Women's Re-Entry Award program.

Signature of Applicant (Required)

Date

Mail completed application and two completed reference forms to:

SIHB, PO Box 96, Eureka, CA 95502

Applications must be received or post marked by November 15. (We will accept applications that have been submitted to the EOP office at HSU or the EOPS office for signature on November 15. However, all elements must be included at the time they are submitted for signature.)



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Name of Applicant _____
(Applicant, please fill in your name before giving this sheet to your reference to complete.)

Thank you for taking the time to provide this reference for a Soroptimist International of Humboldt Bay Women's Re-Entry Award applicant. This award program was established to give women additional resources to help them in their efforts to improve their education, skills and employment prospects. Use your personal knowledge of this candidate to respond to the following questions because the judges don't know the candidates and must rely on your opinion. Please type or print legibly in dark ink and limit your answer to the space provided. **Additional pages will NOT be considered.** Give the form back to the applicant because it must be submitted with her application.

1. How long have you known the candidate and in what capacity? (i.e. employer, instructor, friend, etc.)
 Explain:

2. Please rate the candidate in the following areas based upon your knowledge of her achievements and strengths by circling the appropriate score. A score of "1" means that you "strongly disagree" with a statement. A score of "5" means that you "strongly agree". If you circled the "*", please explain after your answer in 3.

	Strongly Disagree	Mostly Disagree	Somewhat Agree	Mostly Agree	Strongly Agree	Don't Agree
The applicant is motivated.	1	2	3	4	5	*
The applicant has demonstrated a strong sense of responsibility.	1	2	3	4	5	*
The applicant has demonstrated strength of character.	1	2	3	4	5	*
The applicant has clear goals.	1	2	3	4	5	*
The applicant would be an inspiration to others.	1	2	3	4	5	*

3. Tell us what you believe to be the candidate's particular strengths in her personal, educational or professional life. Be as specific as you can in the space offered and give examples of particular accomplishments.

4. Explain "*" marked in table.

Signed: _____