



Soroptimist International of Las Cruces Dream It, Be It Award Application

**APPLICATION REQUIREMENTS**

Application must include one of the following proof of continuing education documents:

1. Admission letter – if awarded check will be cut to school or institution.
2. Current transcript – if awarded check will be cut directly to awardee.

**YOUR CONTACT INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DREAM IT, BE IT CONFERENCE INFORMATION**

I attended as a (circle one):    Freshman    Sophomore    Junior    Senior

Conference Attendance Year: \_\_\_\_\_

Conference Attendance Location: \_\_\_\_\_

**CONTINUING EDUCATION INFORMATION**

Area of Study: \_\_\_\_\_

Education Provider: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_



Return application and admission confirmation or current transcript to:  
email: silascruces@soroptimist.net or P.O. Box 714, Las Cruces, NM 88004.



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**THIS AWARD WILL BE USED TO:**

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By submitting this award application, I also grant Soroptimist International (SI), Soroptimist International of the Americas (SIA), and Soroptimist International of Las Cruces (SILC) permission to use my name, photo, likeness and/or voice for publicity purposes in various formats including, but not limited to, print media, social media, photographs, website, audiovisual, fundraising appeals, ads, etc. Soroptimist shall retain all rights to said materials.

**The above statements are true and correct to the best of my knowledge.**

\_\_\_\_\_
Date

\_\_\_\_\_
Applicant Signature

\_\_\_\_\_
Social Security Number for Tax Purposes

**Applicants under the age of 18 must provide a parental consent signature.**

\_\_\_\_\_
Date

\_\_\_\_\_
Parent/Guardian Signature



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