

APPLICATION REQUIREMENTS

You must have attended the Soroptimist of Las Cruces Dream It, Be It Girls Conference within 6 years of this application.

YOUR CONTACT INFORMATION

Name:					
Address:					
City/State/Zip:					
Phone:					
Email:					
DREAM IT, BE IT CONFERENCE INF	ORMATION				
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:					



FINANCIAL INFORMATION

Have you ever received any SCHOLARSHIP monies? Total \$ Received: Up to \square \$2,000 \square \$2-5K \square \$5-7K \square \$7-10K \square \$10,000+
Have you received any GRANT MONEY? Total \$ Received: Up to \square \$2,000 \square \$2-5K \square \$5-7K \square \$7-10K \square \$10,000+
Have you received any other forms of FINANCIAL AID (Loans, etc.)? Total \$ Received: Up to \square \$2,000 \square \$2-5K \square \$5-7K \square \$7-10K \square \$10,000+
Are you currently employed or plan to work while attending school?
Yes No Hours/Week:
ESSAY SECTION (Additional pages may be attached)
Tell us a little about yourself – your background, why you came to the DIBI Conference what you learned, and your educational goals.



n the space below explain why you need this Soroptimist scholarship and how receiving i will help you meet your school-related expenses:						
						_

APPLICATION JUDGING CRITERIA

- Applicants MUST have attended a Soroptimist of Las Cruces Dream It,
 Be It Girls Conference within 6 years of the application deadline.
- Applications submitted by the deadline are reviewed by a panel of judges using a point system to rank applicants based on the financial information and essays provided in the award application.
- Applications submitted without proof of continuing education documentation will not be considered. Submit either:
 - ✓ Letter of Acceptance (if you have not yet started college)
 - ✓ Current transcript (if you have already started college)



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 ar	e true and correct to the best of my knowledge.
Date	Signature
	Social Security Number (for tax purposes)
Applicants under the age	e of 18 must provide a parental consent signature.
Date	Parent/Guardian Signature