

## ACHIEVE YOUR DREAM VOCATIONAL AND EDUCATIONAL AWARD



## References

## **Directions to the Applicant:**

Please select two references that can speak to your values, integrity, character, and abilities. References should be someone who knows you. A reference may be a person that you have worked with in a paid or unpaid position, or a school counselor, teacher, or coach.

Please give the attached form to each of your two references. The applicant must make sure that each reference fills out this form and returns it in a sealed envelope. Please ask each reference to mail this completed reference form directly to SICC at the following address:

SICC PO Box 621 Camas, WA 98607

## SOROPTIMIST INTERNATIONAL OF CLARK COUNTY ACHIEVE YOUR DREAM VOCATIONAL AND EDUCATIONAL AWARD REFERENCE FORM

APPLICANT'S NAME:		
REFERENCE'S NAME:		

The applicant is applying for a monetary award from Soroptimist International of Clark County (SICC), to supplement their education or vocation training. This supplemental monetary award will then allow the applicant to improve their economic status and career goals. SICC award is for women and girls who are motivated to pursue their vocational or educational goals but need financial assistance to achieve these goals. Besides financial needs and motivation, SICC is seeking women and girls who have faced hardships, either economic or personal and have overcome these hardships. Women who are committed to community service or mentoring are encouraged to apply. The information you provide will help us determine if the applicant meets these criteria. Thank you, in advance, for completing this reference form. Please return the completed reference form to SICC in a sealed envelope with the applicant's name on the outside of the envelope. Please mail this form directly to:

SICC PO Box 621 Camas, WA 98607

- 1. How long have you known the applicant?
- 2. Are you aware of the applicant's educational or vocational goals? If so, please describe your observations of the applicant's determination or motivation to reach these goals?

Phone	number (Include area code) Email address (Please print)			
	ct Information:			
Title				
Name				
COMP	LETED BY:			
6.	Is there any other information that you want us to know about this applicant?			
5.	What is the applicant's greatest strength? Can you give us an example?			
	Has the applicant volunteered for service in the community or served as a role model or mentor to others? Please be specific.			
	To your knowledge, has this applicant shown resiliency when facing hardships obstacles, or challenges? If so, please describe and specify how they dealt wit these hardships, obstacles, or challenges.			