

Reference Form

Thank you for agreeing to provide a reference for _

(Name of applicant)

Since 1972, the Soroptimist Live Your Dream: Education and Training Awards have provided women with resources to improve their education, skills and employment prospects so they can live their dreams. Eligible applicants are women who:

- Provide the primary financial support for their dependents (dependents can include children, spouse, siblings and/or parents).
- Have financial need.
- Are enrolled in or has been accepted to a high school equivilency program, vocational/skills training program or an undergraduate degree program.
- Are motivated to achieve their educational and career goals.
- Reside in one of Soroptimist International of the Americas' member countries/territories (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Ecuador, Guam, Japan, Korea, Mexico, Northern Mariana Islands, Palau, Panama, Paraguay, Peru, Philippines, Puerto Rico, Taiwan, United States of America, Venezuela).
- Have not previously been the recipient of a Soroptimist Women's Opportunity Award or Live Your Dream Award.
- Do not have a graduate degree.
- Are not Soroptimist members, employees of Soroptimist International of the Americas or immediate family of either.

In order for applicants to be fairly judged, reference forms are required. Please do not submit other forms of references (such as a letter). They will not be considered as part of the application. Please email the completed form back to the applicant for submission. Reference forms must be submitted by the applicant with her application.

You must use Adobe Reader—a free download—to fill out the reference form. If you do not use Adobe Reader, your answers in the form will not be saved.

- Step 1: Download Adobe Reader
- Step 2: Save a copy of the reference form to your computer.
- Step 3: Open Adobe Reader
- Step 4: From the left column, choose 'My Computer' and find where you saved the reference form.
- Step 5: Open the form within Adobe Reader.
- Step 6: Hold your mouse over the first blue text box and click.
- Step 7: Type your responses into the form. (Note: You will not be able to change the type size. Please limit your answers to the space allotted.)
- Step 8: Once all parts of the form are completed, select "File" and choose "Save As" from the drop down menu.
- Step 9: Change the file name (for example, "LYDReferenceLG," where LG are your initials.)
- Step 10: Click "Save."
- Step 11: Submit.

Please use your personal knowledge of the applicant to respond to the following questions:

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

2. Please rate the candidate in the following areas, based upon your knowledge of her achievements and strengths. A score of "1" means that you "strongly disagree" with the statement; a score of "5" means that you "strongly agree" with the statement.

| * | Strongly Disagree | Mostly Disagree | Somewhat _e Agree | Mostly Agree | Strongly Agree | Don't Know |
|--|----------------------|-----------------------|--------------------------------|-----------------|-------------------------|---------------|
| A. The applicant has clear goals. | 0 1 | O 2 | O 3 | O 4 | O 5 | O 6 |
| B. The applicant is motivated to reach these goals. | O 1 | O 2 | O 3 | O 4 | \bigcirc 5 | 06 |
| C. The applicant has demonstrated that she is responsible. | O 1 | O 2 | O ³ | O 4 | \bigcirc ⁵ | 06 |
| D. The applicant would be an inspiration to others. | O 1 | O ² | O ³ | O 4 | O ⁵ | O 6 |

3. Please tell us what you believe to be the applicant's particular strengths in her personal, educational, or professional life. If you can, give examples of particular accomplishments.

4. What is your knowledge of the applicant's educational goals and her progress toward achieving these goals? Consider any barriers or difficulties she has overcome.

5. Is there any additional information we should know about this applicant in regard to this award program?

COMPLETED BY (IMPORTANT: Please email completed reference form to the applicant for submission with her application.)

| | Name: | Date: | |
|--|-------------------|--------|--|
| ల | Organization: | | |
| SOR <u>OPTIMIST</u> Best for Women® | Title: | | |
| LIVE YOUR DREAM演 | Address: | | |
| | Telephone Number: | Email: | |