

### **Soroptimist International of Zanesville's Follow Your Dream Award Application**

Soroptimist's mission is to improve the lives of women and girls, in local communities and throughout the world. Soroptimist International of Zanesville's Follow Your Dream Award provides women in Muskingum County with cash to offset costs associated with their efforts to attain higher education, additional skills training or job placement. The ultimate goal of the program is remove the obstacles that would prevent a woman from improving her economic status through education and or employment.

This award would cover education or work related fees up to \$150 that would not be covered by traditional (FAFSA) type funding for non degree seeking programs, certifications or licensure, or to enroll in a skills program such as real estate school, serve safe certification, barber school, etc) or to purchase necessary and required supplies or equipment.

Requests would be considered for expenses such as:

- Transcript Fees
- ACT fees
- GED fees
- Enrollment Application Fee
- Board or Licensure Test Fee
- Specific Supply needed for the class or program
- Background test fee or Fingerprints
- TB/Hepatitis Testing
- Safety Toe Shoes, Uniforms or other items that are required as a condition of employment

Other fees and amounts will be considered by the Follow Your Dream committee members on a case by case basis.

In order to qualify you must be a woman who lives in Muskingum County who demonstrates financial need, and is working toward education, skills training or job placement.

An award application must be completed in full in order to be considered. The funds awarded will paid directly to the organization, not the applicant personally, by The Muskingum County Community Foundation.

A follow up questionnaire must be completed by all award recipients.

## **Soroptimist International of Zanesville's Follow Your Dream Award Application**

Date of Application\_\_\_\_\_

Amount Requested \_\_\_\_\_ (up to \$150 per person)

### **Applicant Info**

Name\_\_\_\_\_

Address\_\_\_\_\_

Phone Number\_\_\_\_\_

E Mail Address\_\_\_\_\_

### **Initial on the line to indicate that you understand these conditions.**

\_\_\_\_\_ I understand that I may be asked to interview with Soroptimist Follow Your Dream Committee members in person or by phone, if there are questions about my application.

\_\_\_\_\_ I understand that payment will be made to the organization by Muskingum County Community Foundation.

\_\_\_\_\_ I understand that I must complete a follow-up questionnaire after the funds are awarded.

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

Return your application and supporting documents  
at least 14 days in advance of the payment deadline to:

Soroptimist International of Zanesville

Attn: Amy Hursey

4375 Webster St

Roseville, Ohio 43701

[amyjohursey@yahoo.com](mailto:amyjohursey@yahoo.com)

*Applicant Name* \_\_\_\_\_

**Please describe in detail what the award would be used for:**

**Please describe in detail how receiving this award will increase your education, skill level or job placement, and how your economic status will be improved once this training or education is complete. (attach additional pages if necessary)**

**Please provide copies of supporting documents such as an invoice, letter or application that show the cost and purpose of the fee. *(attach pages or scan and e mail as a PDF file )***

**Provide the name and address of the organization that will receive the payment**

**What is the date when the payment must be received?** \_\_\_\_\_

*Applicant Name*\_\_\_\_\_

**Please list two references**

**Name**

**Address**

**Phone**

**E Mail**

**How does this person know you?**

**Name**

**Address**

**Phone**

**E Mail**

**How does this person know you?**

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Soroptimist Use Only Below This Line

Date Received\_\_\_\_\_

Date Reviewed\_\_\_\_\_

Amount Approved \_\_\_\_\_

Board Member Initials