



**SOROPTIMIST<sup>®</sup>**  
**Investing in Dreams**  
Soroptimist International of Riverside, Inc.



## **Dream It, Be It Scholarship Application**

Please PRINT and Use Pen

Soroptimist International of Riverside is offering the **Dream It, Be It Scholarship** to a high school senior girl who attended the Live Your Dream: Dream It, Be It Conference as an AVID seventh or eighth grade student and will be attending college in the fall. The \$2,000 **Dream It, Be It Scholarship** will be awarded to one student or divided among more recipients.

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_

\_\_\_\_\_

GPA \_\_\_\_\_ Career Goal \_\_\_\_\_

College You Will Be Attending Fall 2024 \_\_\_\_\_

### **ADDITIONAL MATERIALS:**

Please attach **two letters of recommendation** as well as an **essay** of one page or less, double spaced.

### **DEADLINE - APPLICATION MUST BE POSTMARKED BY FEBRUARY 9, 2024**

Please mail the application and additional materials to:  
Chris Deviny, **Dream It, Be It Scholarship** Chair  
2217 El Capitan Drive, Riverside CA 92506

### **AGREEMENT:**

- I certify that all information provided in this application is complete and accurate to the best of my knowledge.
- I understand this award is taxable.
- I understand that my application and supporting materials become the property of Soroptimist International of Riverside (SIR) upon submission, and that SIR shall have sole discretion in using these materials for the purpose of publicizing the **LIVE YOUR DREAM SCHOLARSHIP** program.

By signing your name below, you agree to the above Agreement requirements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Guardian E-mail Address \_\_\_\_\_