



Soroptimist Live Your Dream Award Club Transmittal Form

GOLDEN WEST REGION OF SOROPTIMIST INTERNATIONAL OF THE AMERICAS

Live Your Dream Award Club Transmittal Form 2014-2015

Instructions: This form must accompany the application submitted for judging at the district level. Keep a copy of the application and completed transmittal form for your files and email or mail a copy to the designated person at the district level.

***For any additional second place recipients, please submit the information on a separate piece of paper and include it with this form.**

DEADLINES: (Entries received after the deadline may be ineligible for judging.)

Mail to designated district member **BEFORE FEBRUARY 1, 2015**

1. Our club's Live Your Dream Awards recipient is:

NAME: _____

ADDRESS: _____

PHONE: _____ **E-MAIL:** _____

2. Our club distributed _____ applications, and received _____ completed entries.

3. The following recognition was given to our club recipient: Cash award of \$_____ (amount).

4. Our club gave _____ (number of) additional awards. We gave our **runners-up cash awards** of \$_____ (amount).

5. Our club devoted a total of _____ (number of) volunteer hours and spent a total of \$_____ (amount) administering the program. Examples of administration costs include the cost of printing fliers or holding an application workshop.

6. Our club provided additional support to our club award recipient(s). Yes No (if yes, please complete the section below)

Our club provided additional support to ____ (number of) club award recipients.

Please write the number of award recipients who received additional support in the blank space next to each:

___ Mentored award recipient.

___ Provided job training, interview preparation, or resume review assistance.

___ Provided tutoring to award recipient.

___ Provided award recipient with tax or financial planning assistance.

___ Provided childcare/ mentored award recipient's children.

___ Provided items, such as laptops, clothing, or gift certificates.

Other (Please explain.) _____

Please provide the total **estimated worth of items and/or services provided** to the award recipient, in addition to her cash Soroptimist Live Your Dream Award. \$ _____

Entry submitted by SI _____ District ____ Date _____

Submitted by

Name and Title: _____

Telephone: _____ **E-mail:** _____

****DO NOT SEND CLUB MATERIALS DIRECTLY TO SIA HEADQUARTERS****

See **Club LYD Transmittal Checklist** (attached) for your designated District Committee Member Mailing Address

Live Your Dream Award Club Transmittal Checklist 2014-2015

This checklist is designed to assist you in ensuring your recipient qualifies for consideration. Failure to provide all required items may result in disqualification of your recipient.

REQUIRED ITEMS:

- Original LYD** application (Part I – Part VI). Application must be signed by applicant; **AND** three (3) copies
- Two** completed **Original** Reference Forms; **AND** three (3) copies of each
- GWR LYD Transmittal Form**

MAIL TO DISTRICT COMMITTEE MEMBER BEFORE **FEBRUARY 1, 2015:**

Dorothy Johnston

4185 Van Buren St Chino, CA 91710

B: R: C: 909-262-7107 F:

District: 1

SI Chino Hills/Inland Empire

E: dottymj@yahoo.com

Anita Zanesco

SI of La Quinta, P O Box 1081, La Quinta, CA 92247 attn: Anita Zanesco

B: R: C: 760-360-4698 F:

District: 2

SI La Quinta

E: azanesco@aol.com

Paula Smith

P.O. Box 50251 Park, AZ 86018

B: R: C: 928-699-8140 F:

District: 3

SI Flagstaff

E: pmsmith619@gmail.com

Karen Saelens

105 N Florence Ave, Litchfield Park, AZ 85340

B: R: C: 623-694-2333 F:

District: 4

SI Phoenix

E: contactksaelens@cox.net

If you still have questions after contacting your district representative, please contact:

Maria Hopkins

2370 Bouganvillea Circle, Corona, CA 92879

B: R: 951-264-7525 C: F:

District: 1

SI Corona

dochopkins61@gmail.com