**SOROPTIMIST INTERNATIONAL OF NEWPORT, WASHINGTON**

**“Micki O’Neill Weisbarth Memorial Award”**

**2025 Reference Form**

Thank you for agreeing to provide a reference for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The Soroptimist Micki O’Neil Weisbarth Memorial Award was created in 2022 to provide women with resources to improve their education, skills and employment prospects so they can live their dreams. Eligible applicants are women who:

* Resides in Pend Oreille County or Bonner County;
* Are enrolled in or has been accepted to a high school equivalency program, vocational/skills training program, or an undergraduate degree program;
* Are motivated to achieve their education and career goals;
* Does not have a graduate degree;
* Has not previously received this award;
* Has financial need.

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.

**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.

**Strongly Mostly Somewhat Mostly Strongly**

**Agree Agree Agree Disagree Disagree**

A. The Applicant has clear goals.

B. The Applicant is motivated to reach these goals.

C. The Applicant has demonstrated that she is responsible.

D. The Applicant would be an inspiration to others.

1. 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.
2. 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.
3. Can you describe the applicant's involvement in community service, including the scope of their responsibilities, the impact of their contributions, and how they demonstrated qualities such as leadership, reliability, and teamwork?
4. Is there any additional information we should know about this applicant in regard to this award application?

**Completed by: (IMPORTANT: Please email completed reference form to the applicant for submission with the application.)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_