ZONTA INTERNATIONAL THE ZONTA CLUB OF GRAND ISLAND

ANNOUNCEMENT OF THE

\$750.00

CAREER ADVANCEMENT SCHOLARSHIP

QUALIFICATIONS

Applicants for THE ZONTA CLUB OF GRAND ISLAND \$750.00 CAREER ADVANCEMENT SCHOLARSHIP must meet the following criteria:

- 1. Be a woman twenty-five (25) years of age or older.
- 2. Be a resident of Grand Island.
- 3. Demonstrate the need for financial assistance to acquire, maintain or upgrade job skills to enter or reenter the job market, or to complete education for career advancement. The candidate can be enrolled in a degree or nondegree program, seminar or workshop.
- 4. Proof of acceptance for the desired course, program or seminar must be submitted with the application.
- 5. Submit a completed application and three (3) letters of reference to the Chair of the Zonta Scholarship Committee by the deadline specified.

The candidate may reapply for a scholarship annually in the event additional financial aid is required.

Send application information to:

THE ZONTA CLUB OF GRAND ISLAND SCHOLARHIP COMMITTEE PO BOX 1104 GRAND ISLAND, NY 14072

Completed application and letters of reference must be submitted no later than **May 15**, **2013**. It is the applicant's responsibility to see that a completed application and the three (3) letters of recommendation and/or reference are received by the Scholarship Chair.

TO BE COMPLETED BY THE APPLICANT. This information will be regarded as confidential.

1. PERSONAL DATA

NAME	PHONE
ADDRESS	GRAND ISLAND, NY 14072
HOW LONG AT THE PRESENT ADDRESS?	PREVIOUS ADDRESS
DATE OF BIRTH CITIZENSHIP	MARITAL STATUS
NUMBER AND AGES OF CHILDREN AND/OR DE	PENDENTS
2. ACADEMIC RECORD HIGH SCHOOL (Name and location)	
	Date of graduation
COLLEGE(S) ATTENDED (Name(s) and location(s))
COURSES COMPLETED	
3. EMPLOYMENT RECORD Employer name and address, dates of employm	ent, position and salary:
1	
2	
3	ANS LARSHIPS OR GRANTS?PLEASE
SPECIFY AND GIVE AMOUNTS	
HAVE YOU EVER RECEIVED ANY GOVERNMEN	NT OR PRIVATE LOANS?
PLEASE SPECIFY AND GIVE AMOUNTS	

TYPE OF COLIDGE (DDOCD AM/GEMINIAD WOD	AKGHOD
	RKSHOP
LENGTH OF COURSE/PROGRAM/SEMINAR	
WHEN DO YOU PLAN TO BEGIN THIS COURS 6. CAREER GOAL	SE?
7. ANTICIPATED COST OF TRAINI	NG
TUITION AN	ID FEES
BOOKS AND	SUPPLIES
OTHER (child	d care, etc.)
8. APPLICANT'S INCOME	
Further explanation	
should be sent directly to the scholarship chair considered. 10. QUALIFICATIONS On a separate sheet of paper please state what qua	lives or from Zonta members) supporting your application by the deadline date in order for your application to be diffication you feel you have to succeed in your chosen field. The zonta Club of Grand Island should award you a
11. APPLICANT'S CERTIFICATION	I
I declare that the information reported in thi	s application is truthful and complete.
APPLICANT'S SIGNATURE	DATE

NAME AND ADDRESS OF SCHOOL, PROGRAM OR SEMINAR YOU PLAN TO ATTEND

5. EDUCATIONAL OBJECTIVE