

**ZONTA INTERNATIONAL
THE ZONTA CLUB OF GRAND ISLAND**

ANNOUNCEMENT OF THE
2018

\$750.00
MEMORIAL SCHOLARSHIP

IN MEMORY OF DECEASED ZONTIANS WHO WORKED TIRELESSLY FOR THE
ADVANCEMENT OF WOMEN

QUALIFICATIONS

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

1. Be a woman 18-25 years of age-not a currently enrolled high school senior.
2. Be a resident of Grand Island.
3. Demonstrate the need for financial assistance to complete education. The candidate must be enrolled in a degree or certification program.
4. Proof of acceptance and/or current enrollment for the desired course or program 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
SCHOLARSHIP COMMITTEE
PO BOX 1104
GRAND ISLAND, NY 14072**

Completed application and letters of reference must be submitted no later than

May 15, 2018. It is the applicant's responsibility to see that a completed application and the three (3) letters of recommendation and/or reference are received.

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 DEPENDENTS _____

2. ACADEMIC RECORD

HIGH SCHOOL (Name and location) _____

_____ Date of graduation _____

COLLEGE(S) ATTENDED (Name(s) and location(s)) _____

COURSES COMPLETED AND GRADES ACHIEVED IN EACH _____

3. EMPLOYMENT RECORD

Employer name and address, dates of employment, position and salary:

1. _____

2. _____

3. _____

4. SCHOLARSHIPS, GRANTS AND LOANS

HAVE YOU EVER BEEN AWARDED ANY SCHOLARSHIPS OR GRANTS? _____ PLEASE

SPECIFY AND GIVE AMOUNTS _____

HAVE YOU EVER RECEIVED ANY GOVERNMENT OR PRIVATE LOANS? _____

PLEASE SPECIFY AND GIVE AMOUNTS _____

5. EDUCATIONAL OBJECTIVE

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

TYPE OF COURSE/PROGRAM/SEMINAR.WORKSHOP _____

LENGTH OF COURSE/PROGRAM/SEMINAR _____

WHEN DO YOU PLAN TO BEGIN THIS COURSE? _____

6. CAREER GOAL

7. ANTICIPATED COST OF TRAINING

TUITION AND FEES _____

BOOKS AND SUPPLIES _____

OTHER (child care, etc.) _____

8. APPLICANT'S INCOME _____

Further explanation _____

9. REFERENCES

Three letters of recommendation (not from relatives or from Zonta members) supporting your application should be sent directly to the scholarship chair by the deadline date in order for your application to be considered.

10. QUALIFICATIONS

On a separate sheet of paper please state what qualification you feel you have to succeed in your chosen field. Include your long-range plans and why you feel the Zonta Club of Grand Island should award you a scholarship.

11. APPLICANT'S CERTIFICATION

I declare that the information reported in this application is truthful and complete.

APPLICANT'S SIGNATURE _____ DATE _____