ZONTA INTERNATIONAL THE ZONTA CLUB OF GRAND ISLAND

ANNOUNCEMENT OF THE

\$750.00 MEMORIAL SCHOLARSHIP

IN MEMORY OF DECEASED ZONTIANS WHO WORKED TIREDLESSLY 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 for career advancement. 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. A
- 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**, **2010**. It is the applicant's responsibility to see that a completed application and the three (3) letters of recommendation and/or reference are sent directly to 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 CITIZENS	SHIP MARITAL STATUS
NUMBER AND AGES OF CHILDREN AND/OR	R DEPENDENTS
2. ACADEMIC RECORD HIGH SCHOOL (Name and location)	
	Date of graduation
	n(s))
	CHIEVED IN EACH
3. EMPLOYMENT RECORD Employer name and address, dates of emplo	
2	
3	LOANS HOLARSHIPS OR GRANTS?PLEASE
HAVE YOU EVER RECEIVED ANY GOVERN	MENT OR PRIVATE LOANS?
PLEASE SPECIFY AND GIVE AMOUNTS	

NAME AND ADDRESS OF SCHOO	L, PROGRAM OR SEMINAR YOU PLAN TO ATTEND				
TYPE OF COURSE/PROGRAM/SEM	MINAR.WORKSHOP				
LENGTH OF COURSE/PROGRAM/SEMINAR					
WHEN DO YOU PLAN TO BEGIN THIS COURSE?					
7. ANTICIPATED COST O	OF TRAINING				
ר	ΓUITION AND FEES				
I	BOOKS AND SUPPLIES				
(OTHER (child care, etc.)				
8. APPLICANT'S INCOME	Ε				
Further explanation					
should be sent directly to the schol considered. 10. QUALIFICATIONS On a separate sheet of paper please st	ot from relatives or from Zonta members) supporting your application larship chair by the deadline date in order for your application to be tate what qualification you feel you have to succeed in your chosen field. why you feel the Zonta Club of Grand Island should award you a				
11. APPLICANT'S CERTII	FICATION				
I declare that the information r	reported in this application is truthful and complete.				
APPLICANT'S SIGNATURE	DATE _				

5. EDUCATIONAL OBJECTIVE