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**, **2011**. 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 CITIZENSHI | IP MARITAL STATUS |
| NUMBER AND AGES OF CHILDREN AND/OR D | DEPENDENTS |
| 2. ACADEMIC RECORD HIGH SCHOOL (Name and location) | |
| | Date of graduation |
| |)) |
| | |
| | |
| 3. EMPLOYMENT RECORD Employer name and address, dates of employer | ment, position and salary: |
| 1 | |
| 2 | |
| 2. | |
| 34. SCHOLARSHIPS, GRANTS AND LO | OANS |
| HAVE YOU EVER BEEN AWARDED ANY SCHO | DLARSHIPS OR GRANTS?PLEASE |
| SPECIFY AND GIVE AMOUNTS | |
| HAVE YOU EVER RECEIVED ANY GOVERNME | ENT OR PRIVATE LOANS? |
| PLEASE SPECIFY AND GIVE AMOUNTS | |

| TWDE OF COLUDGE DOOCD AN (GEMINIAD WORL) | ZGHOD. |
|---|---|
| TYPE OF COURSE/PROGRAM/SEMINAR.WORKSHOP LENGTH OF COURSE/PROGRAM/SEMINAR | |
| | |
| | |
| 7. ANTICIPATED COST OF TRAINING | NG |
| TUITION AND FEES | |
| BOOKS AND SUPPLIES | |
| OTHER (child | care, etc.) |
| 8. APPLICANT'S INCOME | |
| Further explanation | - |
| should be sent directly to the scholarship chair be considered. 10. QUALIFICATIONS On a separate sheet of paper please state what quality | ves or from Zonta members) supporting your application by the deadline date in order for your application to be fication you feel you have to succeed in your chosen field. I the Zonta Club of Grand Island should award you a |
| 11. APPLICANT'S CERTIFICATION | |
| I declare that the information reported in this | application is truthful and complete. |
| APPLICANT'S SIGNATURE | DATE |

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

5. EDUCATIONAL OBJECTIVE