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.
- 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**, **2015**. 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 PRES	ENT ADDRESS?	PREVIOUS ADDRESS
DATE OF BIRTH	CITIZENSHIP	MARITAL STATUS
NUMBER AND AGES OF C	CHILDREN AND/OR DEPEN	NDENTS
2. ACADEMIC RE HIGH SCHOOL (Name and		
		Date of graduation
COLLEGE(S) ATTENDED	(Name(s) and location(s))	
		ED IN EACH
3. EMPLOYMENT Employer name and a	RECORD ddress, dates of employment,	position and salary:
HAVE YOU EVER BEEN A		IS SHIPS OR GRANTS?PLEASE
HAVE YOU EVER RECEIV	ED ANY GOVERNMENT C	OR PRIVATE LOANS?
PLEASE SPECIFY AND GI	VE AMOUNTS	

	DL, 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? 6. CAREER GOAL	THIS COURSE?
7. ANTICIPATED COST C	OF TRAINING
,	TUITION AND FEES
1	BOOKS AND SUPPLIES
	OTHER (child care, etc.)
8. APPLICANT'S INCOMI	E
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 CERTI	FICATION
I declare that the information r	reported in this application is truthful and complete.
APPLICANT'S SIGNATURE	DATE

5. EDUCATIONAL OBJECTIVE