# 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**, **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 CITIZEN	NSHIP MARITAL STATUS
NUMBER AND AGES OF CHILDREN AND/O	OR DEPENDENTS
2. ACADEMIC RECORD HIGH SCHOOL (Name and location)	
	Date of graduation
COLLEGE(S) ATTENDED (Name(s) and locat	ion(s) )
COURSES COMPLETED AND GRADES	ACHIEVED IN EACH
<ul> <li><b>3. EMPLOYMENT RECORD</b> Employer name and address, dates of em </li> <li>1</li> <li>2</li> </ul>	
3 <b>4. SCHOLARSHIPS, GRANTS AN</b> HAVE YOU EVER BEEN AWARDED ANY S SPECIFY AND GIVE AMOUNTS	<b>D LOANS</b> SCHOLARSHIPS OR GRANTS?PLEASE
HAVE YOU EVER RECEIVED ANY GOVER	NMENT 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/PRO	GRAM/SEMINAR.WORKSHOP	
LENGTH OF COURSE/P	ROGRAM/SEMINAR	
WHEN DO YOU PLAN 7 6. CAREER GOA	O BEGIN THIS COURSE? L	
7. ANTICIPATEI	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. OUALIFICATIONS**

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 \_\_\_\_\_