ZONTA INTERNATIONAL THE ZONTA CLUB OF GRAND ISLAND

ANNOUNCEMENT OF THE

\$1000.00

CAREER ADVANCEMENT SCHOLARSHIP

QUALIFICATIONS

Applicants for THE ZONTA CLUB OF GRAND ISLAND \$1000.00 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. Mail a completed application and three (3) letters of reference to the 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 packet must be submitted no later than **May 15, 2022**. 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 Committee.

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 CITIZENSH	IP MARITAL STATUS
NUMBER AND AGES OF CHILDREN AND/OR I	DEPENDENTS
2. ACADEMIC RECORD HIGH SCHOOL (Name and location)	
	Date of graduation
COLLEGE(S) ATTENDED (Name(s) and location(s	
COURSES COMPLETED	
 3. EMPLOYMENT RECORD Employer name and address, dates of employ 1 2 	
<i>L</i>	
3	
4. SCHOLARSHIPS, GRANTS AND L HAVE YOU EVER BEEN AWARDED ANY SCHO	
PLEASE SPECIFY TYPE, DATES AND GIVE AM	

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

Submit 3 letters of recommendation (not from relatives or from Zonta members) supporting your application with your application

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