

**ZONTA INTERNATIONAL
THE ZONTA CLUB OF GRAND ISLAND**

ANNOUNCEMENT OF THE

**\$1000.00
MEMORIAL SCHOLARSHIP**

IN MEMORY OF DECEASED ZONTIANS WHO WORKED TIRELESSLY FOR THE
ADVANCEMENT OF WOMEN

QUALIFICATIONS

**Applicants for THE ZONTA CLUB OF GRAND ISLAND \$1000.00
MEMORIAL SCHOLARSHIP must meet the following criteria:**

1. Be a woman 18-25 years of age- not currently enrolled in high school.
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
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 received by 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 _____ CITIZENSHIP _____ MARITAL STATUS _____

NUMBER AND AGES OF CHILDREN AND/OR DEPENDENTS _____

2. ACADEMIC RECORD

HIGH SCHOOL (Name and location) _____

_____ Date of graduation _____

COLLEGE(S) ATTENDED (Name(s) and location(s)) _____

COURSES COMPLETED AND GRADES ACHIEVED IN EACH _____

3. EMPLOYMENT RECORD

Employer name and address, dates of employment, position and salary:

1. _____

2. _____

3. _____

4. SCHOLARSHIPS, GRANTS AND LOANS

HAVE YOU EVER BEEN AWARDED ANY SCHOLARSHIPS OR GRANTS? _____

PLEASE SPECIFY TYPE, DATES AND GIVE AMOUNTS.

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) three letters of recommendation (not from relatives or from Zonta members) 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 _____