

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

ANNOUNCEMENT OF THE

\$750.00

MEMORIAL SCHOLARSHIP

IN MEMORY OF DECEASED ZONTIANS WHO WORKED TIREDESSLY 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  
SCHOLARSHIP COMMITTEE  
PO BOX 1104  
GRAND ISLAND, NY 14072**

Completed application and letters of reference must be submitted no later than **May 15, 2014**. 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 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 AND GIVE AMOUNTS \_\_\_\_\_

---

HAVE YOU EVER RECEIVED ANY GOVERNMENT 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/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**

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. 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 \_\_\_\_\_