

# WOMEN IN STEM SCHOLARSHIP

# **APPLICATION FORM**

### SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Deadline:				
Zonta Club/e-Club of:				
District/Area:				
To find a club click:	Club Locator			
Attention:				<u> </u>
Address:				
City/State:				
Province/Country:				
Telephone:				
Email address:				
Name:				
Last (Family)	First		Middle	
Permanent mailing address:	_			
City:	State:	_ Postal Code:	Country:	
Email address:			Telephone:	
LinkedIn address:			Twitter handle:	
Address during academic yea	r (if different):			
City:	State:	_ Postal Code:	Country:	
Secondary email address: _			Telephone:	
(mm/dd/yyyy)	(city an	d country)	Country of citizenship:	
Name of university/college/i	nstitute currently attending	g:		
Current year of study:				
Department:		Major/field	of study:	
Plans for study under the Wo	omen in STEM Scholarship:			
Degree sought:				
Expected graduation date (inc				

#### Academic background

Your application must include official detailed transcripts of grades or equivalent records from all universities, colleges, or institutions attended, including undergraduate institutions. An explanation of the grading system must be included for each transcript. Please add your current degree sought and expected graduation date (month/year). Please ensure all transcripts are legible.) Do not upload unofficial transcripts as they will not be accepted.

In the tables below, please list the institutions you have attended:

Univers	ity/College	(Year) to (Year)	Major Field	Degree	Date Degree Received/ Anticipated
alovmo	nt history				
From	To	Name of Employ	er Ao	ddress	Type of work or position held
nth/year)	(month/year)				
olarship	os, fellowship	s, honors receiv	ed (please give dates):		
olarship	os, fellowship	s, honors receiv	ed (please give dates):		(Year) to (Year)
olarship	os, fellowship	s, honors receiv	ed (please give dates):		(Year) to (Year)
olarship	os, fellowship	s, honors receiv	ed (please give dates):		(Year) to (Year)
ıolarship	os, fellowship	s, honors receiv	ed (please give dates):		(Year) to (Year)
nolarship	os, fellowship	s, honors receiv	ed (please give dates):		(Year) to (Year)
ner activ	rities				(Year) to (Year)
her activ	rities		ed (please give dates):	ral interests):	(Year) to (Year)
her activ	rities			ral interests):	(Year) to (Year)
her activ	rities			ral interests):	(Year) to (Year)
her activ	rities			ral interests):	(Year) to (Year)

#### Recommendations

Please use the following fields to name and send a recommendation letter request to one faculty member in the major field of study and one to an organization supervisor, employer, volunteer supervisor or academic adviser. Note that a faculty member in the major field of study must be one of the referees. These recommendations are confidential, and you will not be able to view the completed responses. It is the responsibility of the applicant to make sure these recommendations have been turned in by the Zonta club's deadline.

Please list below those referees who will submit recommendations:

Name	Position	Title	College/university/institute/
			company
1.			
2.			

#### **Declaration by Applicant**

I certify that all of the information contained in my application form is accurate to the best of my knowledge and that I did not receive assistance in completing the essay portions of this application other than for translation into English for advancing to district/region and international levels. I understand that, at the option of the Zonta club sponsoring my application or the Zonta district/region, or Zonta International, I may be interviewed as a candidate for the Women in STEM Scholarship. I consent to the electronic or hard copy publication of material in my application by Zonta International.

•		ancestor, descendant, adoptee, sibling, niece or cousin and those of their nember or individual with direct membership with Zonta International,
S	ignature (required)	Date
	(Insert image of your sign	ature or print, sign and scan this page.)

#### **Data Protection**

Zonta International and Zonta Foundation for Women take the security of your data seriously. We will never sell, trade or rent your personal information provided in this application to third parties. By submitting this application, you agree to the use of your data in accordance with the *Privacy Policy and Publicity Authorization Form* contained in the application documents (see page 8 of the application).

(Please check the appropriate items.)

#### How did you learn of the Women in STEM Scholarship?

#### Checklist to be completed by applicant

Social media	Official detailed transcripts (from all universities/colleges/institutions attended)	
Department/teacher	Translated transcripts in English (from all universities/colleges/institutions attended)	
Directory of grants at university financial aid office	Recommendations (2)	
Directory of grants not at university (e.g., public libraries)	Recommendation Waiver Form	
Website (name):	Verification of Current Enrollment Form	
Previous recipient (name):	Signatures	
Zonta club name:	Other:	

# Professional information and goals

#### (Please <u>type</u> essay in English.)

demonstrated initiative, ambition and com STEM Scholarship will assist you in reachi	academic and/or professional goals, the relevance of your program, how you have mitment to pursuing a career in STEM, and how the Zonta International Women in ng your goals. (Essays cannot exceed 500 words to be considered.) Please provide
he word count at the end of your answer	



# Zonta International Recommendation for the Women in STEM Scholarship

	Ar	pplicant's signature is re	equired (Insert i	mage of your signati	ure or print, sign and scan this page.)
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Applicant:	amily) Name		Fir	st	Middle
Recommendation from					······································
Recommendation no	····	Name			Position/Title
		College/univer	rsity/institute	/employer	
xperience; intellectua	al independence; and potential for on letterhead of	capacity for anal or learning and s	lytical think ucceeding i	ng; ability to on a STEM-rela	ent academic program and/or work organize and express ideas clearly; ted program. You may write your etter with this form.
Please rate the annlic	ant with respect to	o your experience v	with other st	cudents/employe	ees in this field/position:
r rease rate the applic					
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
Exceptional Top 5%	Next 10%	Next 15%	Next 30%	Last 40%	
Exceptional Top 5% Referee's signature is re	Next 10%	Next 15% e of your signature or	Next 30%	Last 40%	observe 
Exceptional Top 5%  Referee's signature is re	Next 10%	Next 15% e of your signature or	Next 30%	Last 40%	observe 
Exceptional Top 5%  Referee's signature is re  Return form to Zonta Club of:	Next 10%	Next 15% e of your signature or Ma	Next 30%  print, sign an	Last 40%	observe 
Exceptional	Next 10%	Next 15% e of your signature or  Ma Ad	Next 30%  print, sign an ailing	Last 40%	observe 



# Zonta International Recommendation for the Women in STEM Scholarship

Please return this	form by:				
		Applicant's signatur	o is required (Insert	image of your sign	nature or print, sign and scan this page.)
		Applicant's signatur	<b>e is requirea</b> (inseri	image of your sign	lature or print, sign and scan this page.)
Applicant:La	st (Family) Name		First		Middle
Recommendation 1					
		Name			Position/Title
		College/u	ıniversity/institu	te/employer	
		_			
and appreciates experience; intel creativity; motiva	your opinion. Plea lectual independen ation; and potentia	se discuss the acce; capacity for all for learning	applicant's acco analytical th and succeedin	omplishments; inking; ability g in a STEM	arship. Zonta International greatly value current academic program and/or word to organize and express ideas clearly related program. You may write you e letter with this form.
How well do you	know the applicant	?			
Please rate the a	applicant with respec	t to your experie	nce with other	students/emplo	oyees in this field/position:
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
Referee's signature is	s required (Insert image o	f your signature or pri	int, sign and scan th	is page.)	Date
Return form to			Mailing		
Zonta Club of:			Address:		
City:			State/Province	:	
Postal Code:			Country:		
Fax:			Email Address:		



# Verification of Current Enrollment Form Women in STEM Scholarship

I certify that		is currently in				
,	(Name)	<u> </u>				
	at					
(department)		(university/college)				
and is enrolled in a		Degree.				
(Signature of registrar)	(Date)	(Expected graduation date)				
	(Official University/College Stamp)					



# Zonta International Women in STEM Scholarship Program

# **Privacy Policy and Publicity Authorization**

Zonta International and the Zonta Foundation for Women are committed to honoring the privacy and wishes of all of our Women in STEM Scholarship recipients at all times. In order to do this, please read the following information carefully and indicate your agreement as appropriate.

1.	serve its scholarship recipients. It is our general policy to collect and store only personal in knowingly provide. Zonta does not sell, trade, or rent your personally identifying information as described in paragraph two, we take reasonable measures not to disclose personally identifying you.	formation that our recipients ation to third parties. Except
	I have read the above paragraph and agree to the Terms and Conditions therein.	
2.	From time to time, Zonta International and the Zonta Foundation for Women conducts of to promote the Women in STEM Scholarship Program. In addition, to ensure Zonta's abilithe Zonta Foundation for Women may from time to time provide information to donors of Scholarship Fund about recipients of their donations. Zonta retains the right to use your biographical information to promote the Women in STEM Scholarships in various promote the website.	ity to fund the scholarships, to the Women in STEM name, photograph and
	I have read the above paragraph and agree to the Terms and Conditions therein.	
		-
.pplic	ant's signature is required (Insert image of your signature or print, sign and scan this page.)	Date
lease	print your name	