



**ZONTA**  
CLUB OF  
ASHTABULA AREA  
MEMBER OF ZONTA INTERNATIONAL  
**EMPOWERING WOMEN**  
THROUGH SERVICE & ADVOCACY

## ZONTA Club of Ashtabula Area -- Club Scholarship

**Mission:** *Zonta International is a leading global organization of professionals empowering women worldwide through service and advocacy*

**Vision:** *Zonta International envisions a world in which women's rights are recognized as human rights and every woman is able to achieve her full potential. In such a world women have access to all resources and are represented in decision making positions on an equal basis with men. In such a world, no woman lives in fear of violence.*

### Applicant Qualifications:

- Attending college as an undergraduate or graduate female student – sophomore status or above for following fall semester/quarter.
- Applicant or parent/legal guardian must be Ashtabula County resident
- Based on financial and academic achievement (“B” average or above)
- Ashtabula Area Zontian immediate family members are ineligible
- Planning to graduate or enroll at least half-time (6 or more credit hours) per term for the upcoming academic year

### Guidelines:

- Completed application, including a transcript of courses completed, must be received by **April 13th** of each year.
- Academic and financial information are required for consideration.
- Two (2) references are required.
- If extra space is needed for explanations, it is acceptable to attach additional sheets.
- If chosen for a scholarship, verification of enrollment for the upcoming academic year must be supplied before the scholarship will be awarded.
- Send application and references to:

**Zonta Club of Ashtabula Area  
Scholarship Committee  
Post Office Box 616  
Ashtabula, Ohio 44005-0616**

**Questions? E-mail [zonta5ashtabula@yahoo.com](mailto:zonta5ashtabula@yahoo.com)**

**ZONTA SCHOLARSHIP APPLICATION FORM**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

PERMANENT MAILING ADDRESS \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

**SINGLE, DEPENDENT APPLICANTS PLEASE COMPLETE THIS SECTION**

NUMBER OF PEOPLE IN YOUR PARENTS' HOUSEHOLD \_\_\_\_\_ # PARENTS \_\_\_\_\_ # CHILDREN

AGES OF DEPENDENT CHILDREN \_\_\_\_\_ OTHERS ATTENDING COLLEGE? \_\_\_\_\_

**INDEPENDENT APPLICANTS PLEASE COMPLETE THIS SECTION**

I AM: SINGLE/DIVORCED \_\_\_\_\_ MARRIED \_\_\_\_\_

EMPLOYED: FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_

**ALL APPLICANTS COMPLETE REMAINDER OF FORM**

APPLICANT'S WORK EXPERIENCE \_\_\_\_\_ EMPLOYED DURING SCHOOL: FT \_\_\_\_\_ PT \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ POSITION \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PERSONAL INCOME LAST YEAR: \$ \_\_\_\_\_

**EDUCATION**

HIGH SCHOOL ATTENDED                      YEAR GRADUATED                      GPA                      AWARDS

\_\_\_\_\_  
\_\_\_\_\_

**FOR THE FOLLOWING ACADEMIC YEAR, I WILL BE ATTENDING COLLEGE/UNIVERSITY:**

NAME: \_\_\_\_\_ MAJOR \_\_\_\_\_

AS A: SOPHOMORE \_\_\_\_\_ JUNIOR \_\_\_\_\_ SENIOR \_\_\_\_\_ CURRENT GPA \_\_\_\_\_

YEARLY TUITION COSTS \_\_\_\_\_ ROOM AND BOARD \_\_\_\_\_

ESTIMATED BOOK COSTS \_\_\_\_\_

I AM PLANNING TO ENROLL AT LEAST HALF-TIME (6 OR MORE CREDIT HOURS) \_\_\_\_\_ (initial)

HAVE YOU RECEIVED A ZONTA SCHOLARSHIP IN THE PAST? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

Are there any financial hardships or difficulties that should be considered?  
(high living expenses, medical bills, etc.)

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**LETTERS OF RECOMMENDATION:** Two (2) of the following recommendations are required:

- one (1) from a college professor, instructor or other;
- one (1) from a present/past employer; and
- one (1) from a community member (teacher, clergy, other) who is not a family member and **can write about your educational and career goals and your ability to achieve those goals.**
- Each letter should be in a separately sealed envelope.
- May be sent separately from application if needed.

CONTACT INFORMATION FOR PERSONS PROVIDING LETTERS OF RECOMMENDATION:

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

3. NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

PLEASE DESCRIBE YOUR EDUCATIONAL AND CAREER GOALS: \_\_\_\_\_

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LIST ANY COMMUNITY SERVICE OR VOLUNTEER EFFORTS IN WHICH YOU HAVE PARTICIPATED DURING THE LAST THREE (3) YEARS.

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USE THIS SPACE TO EXPLAIN ANY BLANK SECTIONS OR OTHER AREAS THAT YOU WISH TO EXPLAIN. YOU MAY ATTACH ADDITIONAL SHEETS IF NECESSARY.

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**APPLICANT'S CERTIFICATION AND WAIVER:**

\_\_\_\_\_ I have attached a copy of my most recent college transcripts.

I understand that any incomplete or late applications may not be processed. I agree to waive all personal claims, causes of action or damages against the Zonta Club of Ashtabula and its members.

I understand that I will need to provide the Zonta Club of Ashtabula verification of enrollment for the upcoming school year. In the event enrollment verification is not obtained from the school, Zonta Club will have the right to request the scholarship returned if already awarded.

In addition, I agree to allow my name and/or photograph to be used for publicity purposes should I be awarded a Zonta Scholarship. By signing below, I certify that I have read, understand and agree to the terms and conditions of this application and that all information I have provided is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date