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# SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Deadline:				
Zonta Club/e-Club of:				
District/Area:				
To find a club click:	Club Locator			
Attention:				
Address:				
City/State:				
Province/Country:				
Telephone:				
Email address:				
Name:				
Last (Family)	Firs	t	Middle	
Permanent mailing address:				
City:	State:	Postal Code:	Country:	
Email address:			Telephone:	
LinkedIn address:		Twit	ter handle:	
Address during academic yea	ar (if different):			
City:	State:	Postal Code:	Country:	
Secondary email address:		Те	lephone:	
Birth date:	Birthplace:	Count	ry of citizenship:	
(mm/dd/yyyy)	(0	city and country)		
Name of university/college/	institute currently atte	nding:		
Current year of study:				
Department:		Major/field of study:		
Plans for study under the W	omen in STEM Scholar	ship:		
Degree sought:				
Expected graduation date (ir				

# 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:

University/College	(Year) to (Year)	Major Field	Degree	Date Degree Received/ Anticipated

### **Employment history**

From	То	Name of Employer	Address	Type of work or position held
(month/year)	(month/year)			

## Scholarships, fellowships, honors received (please give dates):

(Year) to (Year)

## **Other activities**

(Please describe your volunteer, non-scholastic activities, memberships and cultural interests):

## **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.

I confirm that I have not applied to more than one Zonta district.
I confirm that I am not a family member (ancestor, descendant, adoptee, sibling, niece or cousin and those of their spouse or co-habiting partner) of a club member or individual with direct membership with Zonta International, and/or employee of Zonta International.
I confirm that I have not applied for the 2023 Zonta International Jane M. Klausman Women in Business.

I confirm that I have not applied for the 2023 Zonta International Jane M. Klausman Women in Business Scholarship.

Signature	(required)
Signature	(iequireu)

Date

(Insert image of your signature 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:	

#### (Please type essay.)

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



# Zonta International Recommendation for the Women in STEM Scholarship

Please return this	form by:					
	,	Applicant's signature is	<b>s required</b> (Insert	image of your signatu	re or print, sign and scan this page.)	
Applicant:				·	N 41 1 1	
Recommendation	st (Family) Name		F	irst	Middle	
Recommendation		Name	:		Position/Title	
College/university/institute/employer The applicant above has applied for a Zonta International Women in STEM Scholarship. Zonta International greatly values and appreciates your opinion. Please discuss the applicant's accomplishments; current academic program and/or work experience; intellectual independence; capacity for analytical thinking; ability to organize and express ideas clearly; creativity; motivation; and potential for learning and succeeding in a STEM-related program. You may write your recommendation letter on letterhead of your choice, but you must sign and submit the letter with this form. How well do you know the applicant?						
Please rate the applicant with respect to your experience with other students/employees 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 required (Insert image of your signature or print, sign and scan this page

Date

Return form to Zonta Club of:	Mailing Address:	
City:	State/Province:	
Postal Code:	Country:	
Fax:	Email Address:	



# Zonta International Recommendation for the Women in STEM Scholarship

Please returi	n this form by:					
		Applicant's signatur	r <b>e is required</b> (Inse	rt image of your sign	ature or print, sign and scan this pa	ge.)
Applicant:			_			
	Last (Family) Name		First		Middle	
Recommenda	ation from:					
		Name			Position/Title	
and appreci experience; creativity; n recommenda How well do	ates your opinion. Pleas intellectual independence notivation; and potentia ation letter on letterhead o o you know the applicant?	a Zonta Interna se discuss the s ce; capacity for I for learning of your choice, b	applicant's ac r analytical t and succeedi ut you must si	n in STEM Schola complishments; hinking; ability ng in a STEM- gn and submit the		and/or work ideas clearly
Please rate	the applicant with respec	t to your experie	ence with othe	r students/emplo	yees in this field/position:	
Exception Top 5%	-	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe	
Referee's signa	ture is required (Insert image of	your signature or pr	int, sign and scan	this 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	(Name)	is currently in
(department)	at	(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. Most data collected by Zonta International and the Zonta Foundation for Women is used only to help Zonta better serve its scholarship recipients. It is our general policy to collect and store only personal information that our recipients knowingly provide. Zonta does not sell, trade, or rent your personally identifying information to third parties. Except as described in paragraph two, we take reasonable measures not to disclose personally identifying information about you.

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 various marketing activities to promote the Women in STEM Scholarship Program. In addition, to ensure Zonta's ability to fund the scholarships, the Zonta Foundation for Women may from time to time provide information to donors to the Women in STEM Scholarship Fund about recipients of their donations. Zonta retains the right to use your name, photograph and biographical information to promote the Women in STEM Scholarships in various promotional materials, including the website.

I have read the above paragraph and agree to the Terms and Conditions therein.

Applicant's signature is required (Insert image of your signature or print, sign and scan this page.)

Date

Please print your name