2024 ZONTA CLUB BOZEN BOLZANO

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: Attention: Address: City/State: Province/Country: Telephone: Email address:	Feb.2024 BOZEN-BOLZANO 14/02 Club Locator Giuliana Boscheri +39335209310 info@zontabz.org				
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: _		
Birth date:(mm/dd/yyyy)	Birthplace:		_Country of citizer	nship:	
(mm/dd/yyyy)	. (cit	ty and country)	- ,		
Name of university/college/ir	nstitute currently attend	ding:			
Current year of study:					
Department:		Major/field c	f study:		
Plans for study under the Wo	men in STEM Scholarsh	nip:			
Degree sought:					
Expected graduation date (in	clude month/year):				

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	
ploymer	nt history					
From nonth/year)	To (month/year)	Name of Employe	r A	ddress	Type of work or position held	
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	o, renowsing	is, nonors receiv	cu (piease give dates).		(Year) to (Year)	
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her activ		non-scholastic activitie	s, memberships and cultu	ral interests):		
her activ		non-scholastic activitie	s, memberships and cultu	ral 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.					
Signature (required)	Date				
(Insert image of your signature or print, sign and scan this page.)					
trade or rent your personal information provided in the	n take the security of your data seriously. We will never sell, his application to third parties. By submitting this application, he Privacy Policy and Publicity Authorization Form contained in on). Checklist to be completed by applicant				
	Official detailed transcripts (from all				
Social media	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):

Zonta club name:

Previous recipient (name):

Signatures

Other:

Verification of Current Enrollment Form

Professional information and goals

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

demonstrated initiative, ambition and commitment t	c and/or professional goals, the relevance of your program, how you have to pursuing a career in STEM, and how the Zonta International Women in als. (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

lease return	this form by:					
		Applicant's signatu	r e is required (Insert	image of your signa	ture or print, sign and scan this page.)	
Applicant:	Last (Family) Name		Firs	+	Middle	
Recommenda			1113	•	rituie	
		Name	e		Position/Title	
		College/un	iversity/institut	e/employer		
perience; in eativity; mo commendati How well do	ntellectual independend otivation; and potential ion letter on letterhead you know the applicant	ee; capacity for l for learning and for learning and for your choice, bu	analytical thinki nd succeeding i t you must sign a	ng; ability to on a STEM-related and submit the l		learly;
Please rate the Exceptional Top 5%		t to your experied Good Next 15%	nce with other st Average Next 30%	udents/employe Below Average Last 40%	ees in this field/position: Insufficient opportunity to observe	
leferee's signa	ature is required (Insert ima	nge of your signatur	e or print, sign and	scan this page	Date	
Return form to Conta Club of:			Mailing Address:			
City:			State/Province:			
Postal Code:			Country:			
Fax:			Email Address:			



Zonta International Recommendation for the Women in STEM Scholarship

Please return this	form by:				
		Applicant's signatu	re is required (Insert	image of your sigi	nature or print, sign and scan this page.)
Applicant:	ast (Family) Name		First		Middle
Recommendation 1	` ''				
		Name			Position/Title
		College/ur	niversity/institute	e/employer	
experience; inte creativity; motiv recommendation How well do you	ellectual independency vation; and potentian eletter on letterhead of the universe when the second of the letter on letterhead of the lett	ce; capacity for al for learning of your choice, bu	analytical thinki and succeeding ut you must sign a	ing; ability to in a STEM- and submit the	
Exceptional Top 5%	Very Good Next 10%	Good Next 15%		udents/emplo Eelow Average Last 40%	oyees in this field/position: Insufficient opportunity to observe
Referee's signature is	s required (Insert image of	your signature or prir	nt, sign and scan this p	page.)	Date
Return form to	T		Mailing		
Zonta Club of:			Address:		
City:	1		State/Province:		
Postal Code:			Country:		
Fax:			Email Address:	 	



Verification of Current Enrollment Form Women in STEM Scholarship

I certify that			is currently in
		(Name)	
		at	
	(department)		(university/college)
and is enrolled in	ı a		Degree.
(Signatur	e 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.
Applica	ant's signature is required (Insert image of your signature or print, sign and scan this page.) Date
F F	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Please	print your name