

2024



ZONTA  
INTERNATIONAL

# WOMEN IN STEM SCHOLARSHIP APPLICATION FORM

SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

**Deadline:** July 31, 2024  
**Zonta Club/e-Club of:** Dallas  
**District/Area:** District 10  
**To find a club click:** [Club Locator](#)  
**Attention:** Maryann Maddox  
**Address:** all applications and any  
**City/State:** supporting documents will  
**Province/Country:** be accepted by email only  
**Telephone:** 214-673-9268  
**Email address:** zontadallaswomeninstem@gmail.com

**Name:** \_\_\_\_\_  
Last (Family) First Middle

**Permanent mailing address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**LinkedIn address:** \_\_\_\_\_ **Twitter handle:** \_\_\_\_\_

**Address during academic year (if different):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **Country:** \_\_\_\_\_

**Secondary email address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_ **Country of citizenship:** \_\_\_\_\_  
(mm/dd/yyyy) (city and country)

**Name of university/college/institute currently attending:** \_\_\_\_\_

**Current year of study:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Major/field of study:** \_\_\_\_\_

**Plans for study under the Women in STEM Scholarship:** \_\_\_\_\_

**Degree sought:** \_\_\_\_\_

**Expected graduation date (include 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

## Employment history

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

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

(Year) to (Year)

## Other activities

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

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## 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.)

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

## Professional information and goals

(Please type essay in English.)

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: July 31, 2024

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

Applicant: \_\_\_\_\_  
Last (Family) Name
First
Middle

Recommendation from: \_\_\_\_\_  
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:

- |                          |                          |                          |                          |                           |  |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>  | <input type="checkbox"/>               |
| Exceptional<br>Top 5%    | Very Good<br>Next 10%    | Good<br>Next 15%         | Average<br>Next 30%      | Below Average<br>Last 40% | Insufficient opportunity to<br>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:	Dallas	Mailing Address:	all applications and supporting documents will be accepted via email only
City:	Dallas	State/Province:	
Postal Code:		Country:	
Fax:		Email Address:	zontadallaswomeninstem@gmail.com



**ZONTA**  
INTERNATIONAL

**Verification of Current Enrollment Form  
Women in STEM Scholarship**

I certify that \_\_\_\_\_ is currently in  
(Name)

\_\_\_\_\_ 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. 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.

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

Date

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Please print your name