

ZONTA CLUB OF LINCOLN

MELANIE SCHALER MEMORIAL NURSING SCHOLARSHIP

ELIGIBILITY

Any woman accepted into or currently enrolled in a professional nursing curriculum is eligible. Past award winners are eligible to re-apply. **Applicants must be residents of Logan County.** School to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program in the field of nursing. Students having less than one academic year remaining until graduation are not eligible for consideration.

APPLICANT RESPONSIBILITIES

Direct inquiries and documents to: Jeanie Beccue —Chairman
Zonta Club of Lincoln, Scholarship Committee
10 Lamplighter Circle
Mt. Pulaski, IL 62548
Phone#: (217) 792-5966 Email: beccue@frontiernet.net

Completed application and references **must be received by Saturday, March 20, 2021** to be considered for this award. **NO EXCEPTIONS CAN BE MADE.** Finalists **MUST** participate in the interviews to be held **Saturday, April 17, 2021.** Please come dressed as if you were called for a job interview in an office setting.

Note: It is the applicant's responsibility to make sure all necessary documents have been submitted to the committee chairman listed above. *If all the information is not received/completed, your application can not be considered.*

FACTS

Top candidates will be selected based on merit, activities, leadership, honors, awards, and need. Candidates to be interviewed will be contacted for a personal interview by a Scholarship Committee of two Zontians, two professional individuals, and one educator. Selection of the scholarship recipient(s) will be made shortly after the personal interview on April 17, 2021. Each applicant will be informed of the Scholarship Committee's decision.

Zonta Scholarships are given on a one academic year (3 quarters or 2 semesters) basis, contingent upon the student's sustained academic achievement. The award will be applied toward tuition, fees, board and room, books and/or other related expenses and will be sent directly to the school authorities as designated by the scholarship award recipient, in two (or three, if applicable) equal payments.

If a recipient drops out of school or nursing program while the award is in effect, no further funds will be distributed. Furthermore, the recipient will be bound by separate agreement to repay to the Zonta Club of Lincoln the total sum of all funds received within a reasonable length of time. If the recipient transfers to another accredited nursing school, the remaining funds will be redirected after the Zonta Club has been notified and has verified the transfer.

For more information about Zonta please visit this website: www.zonta.org Thank-you for applying for this scholarship. *We wish you the best of luck in your educational endeavors.*

**ZONTA CLUB OF LINCOLN
MELANIE SCHALER MEMORIAL NURSING SCHOLARSHIP**

APPLICATION

Please print in black ink or type.

All blanks must be completed. Use N/A (Not Applicable) where the data requested is not applicable to you. Whenever a separate sheet is necessary, please include your name at the top.

PERSONAL INFORMATION

Full Name: _____

Social Security Number _____ E-Mail _____

Present Address: _____

Street Address

City State County Zip Telephone

Permanent Address: _____

Street Address

City State County Zip Telephone

Date of Birth: _____

EDUCATIONAL INFORMATION

Current Academic Classification

___ H.S. Senior ___ College Freshman ___ College Sophomore ___ College Junior
___ College Senior ___ Masters Candidate ___ PH. D. Candidate

Past Zonta Scholarship recipient? ___ Yes ___ No If so, what year _____

What is your professional goal? _____

What is your course of study within the area of nursing? _____

What led you to choose the nursing field? _____

What school will you attend this fall? _____

Full or Part-time _____ Expected date of graduation _____

If part-time, what else will you be doing? _____

List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted.

Name of School

Address

Degree

What honors (academic or otherwise) have you received and when?

OCCUPATIONAL INFORMATION

List all jobs you have held for the past three (3) years (dates, employer, and type of work).

Employer

Duty

Dates

Full/Part-Time

LEADERSHIP ROLES & ACTIVITIES (Community and School)

List and describe in detail your involvement in organized **community activities** (4-H, church groups, lodge, scouts, Y, etc.) indicate the scope of leadership positions/responsibilities you assumed. Feel free to elaborate on a separate sheet not to exceed one typewritten page.

List and describe in detail your involvement in all **school activities**, high school and college (athletics, clubs, programs, publications, student officer, etc.). Indicate the scope of leadership positions/responsibilities you assumed. If not currently in school, how have you been occupied since leaving? Feel free to elaborate on a separate sheet not to exceed one typewritten page.

CONFIDENTIAL INFORMATION (Required)

Who is the primary contributor to your support? If parent(s) are the primary contributor, complete Section A. If student and/or spouse is the primary contributor, complete Section B.

A.

Father's name _____

Approximate Annual Income _____

Mother's Name _____

Approximate Annual Income _____

Number and Ages of Siblings/Children _____

How many in school? _____ How many in college? _____

Self and/or Spouse:

B. Spouse's Name _____

Approximate Annual Income _____

Number and ages of children _____

How many in school? _____ How many in college? _____

Who is the primary contributor to your support? Self or spouse? _____

Do you contribute to the support of any other person(s) or have other financial obligations? If so, please explain (Example: current loans, amount and when due. Also indicate any unusual circumstances)

Below list your resources and anticipated expenses for the coming school year:

Resources

Personal Savings _____
 Assistance from parents _____
 Assistance from others _____
 Employment _____
 Loans _____
 Other scholarships,
 grants awarded: _____

Annual Expenses

Tuition & Fees _____
 Room _____
 Board _____
 Books & Supplies _____
 Transportation _____
 Personal* _____
 Other costs _____
 *Includes clothing, linen, laundry, recreation, medical

TOTAL RESOURCES _____

TOTAL EXPENSES _____

FINALLY, as part of your application, please submit: **Due Saturday, March 20, 2021**

1. At least **three letters of reference**, selected from a teacher, counselor, employer, supervisor, or clergy. References may not be relatives of the applicant. Letters of reference should be sent directly to: Jeanie Beccue, Chairman, Zonta Club of Lincoln Scholarship Committee, 10 Lamplighter Circle, Mt. Pulaski, IL 62548 or emailed to beccue@frontiernet.net. They may also be included in sealed envelopes with the application.
2. Profile of yourself, stressing the factors relevant to your choice of occupation and your goals for the future. Please detail the qualifications you feel you possess to pursue your education in this chosen profession. Provide any additional information that you feel the committee should know about you and why you should be considered for this award. Limit your profile to one typewritten page.
3. An *official* high school transcript **and** college transcript (if applicable) including certification of your rank in your high school class and ACT score. (Form to use is enclosed.)
4. Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
5. The award will be applied toward tuition, fees, room and board or books and will be sent directly to the school authorities as designated by the scholarship recipient in two (or three, if applicable) equal payments.

CONSENT FOR RELEASE OF INFORMATION

I hereby consent to the release of any information in connection with the forgoing that in the sole judgment of the Zonta Scholarship Committee may be of assistance in evaluating my scholarship application since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose. I hereby certify that to the best of my knowledge, the above information is correct and complete.

 Signature of Applicant

 Date

**Note: Interviews will be held on Saturday, April 17, 2021.
 Applicants MUST participate in the interview if selected to do so.**

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(Should be completed by school you are attending)

Date: _____

To: _____
(Administrator of School)

(Name of School)

From: _____
(Applicant)

As part of my application for the Zonta Scholarship, please complete the following information pertaining to my records and submit it with a copy of my transcript to the address noted at the bottom of this sheet:

Year of Graduation _____

Number in graduating class _____

Copy of official transcript is enclosed.

(Signature of Authorized Official)

(Date)

Print Name: _____

Title: _____

Send or email this form with transcript to:

Jeanie Beccue, Chairman
Zonta Club of Lincoln Scholarship Committee
10 Lamplighter Circle
Mt. Pulaski, IL 62548
beccue@frontiernet.net

Questions: Ph: 217-792-5966