ZONTA CLUB OF LINCOLN WOMEN'S CAREER SCHOLARSHIP

ELIGIBILITY

Any woman accepted into or currently enrolled in a professional 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 study. Students having less than one academic year remaining until graduation are not eligible for consideration.

APPLICANT RESPONSIBILITIES

Direct questions 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 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 professional 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.

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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 Addres	SS:				
	Street A	Address	90		
	City	State	County	Zip	Telephone
Permanent Add	dress:				
	Street A	Address			
	City	State	County	Zip	Telephone
Date of Birth:	-		-	1	
EDUCATION	NAL INF	ORMATION			
Current AcadeH.S. SenioCollege Se	r	sification _College Freshma _Masters Candida	anCollege SophatePH. D. Cand	nomoreColle idate	ege Junior
Past Zonta Sch	nolarship	recipient?	YesNo	If so, what year_	
What is your p	rofession	nal goal?			
What is your c	course of	Study?			
What led you	to choose	e this field?			
What school v	vill you a	ttend this fall?			
Full or Part-tir	ne	Expected	date of graduation		
If part-time, w	hat else	will you be doing	?		

List in chronological o	rder all schools attender	ded beyond element	tary school, addres	ses and degrees
or diplomas granted.				
Name of School		Address	Degree	2
What honors (academi	c or otherwise) have	you received and w	hen?	
OCCUPATIONAL II				
List all jobs you have l	neld for the past three	e (3) years (dates, er	nployer, and type	of work).
Employer	<u>Duty</u>	<u>Dates</u>		Full/Part-Time
LEADERSHIP ROL	ES & ACTIVITIES	(Community and	School)	
List and describe in de				4-H, church
groups, lodge, scouts,				
assumed. Feel free to e				
List and describe in de	tail your involvemen	t in all school activ	ities, high school a	and college
(athletics, clubs, progra	ams, publications, stu	udent officer, etc.). l	Indicate the scope	of leadership
positions/responsibiliti	es you assumed. If n	ot currently in school	ol, how have you b	peen occupied
since leaving? Feel fre	e to elaborate on a se	eparate sheet not to	exceed one typewr	itten 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	
Number and Ages of Siblings/Child	dren
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 y	our support? Self or spouse?
please explain (Example: current circumstances)	any other person(s) or have other financial obligations? If so loans, amount and when due. Also indicate any unusua

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

Resources	Annual Expenses			
	e from parents Room e from others Board ent Books & Supplies Transportation plarships, Personal*			
TOTAL R	ESOURCES TOTAL EXPENSES			
FINALLY, as part of your application, please submit: Due Saturday, March 20, 2021				
2.3.4.	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. 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. An official high school transcript and college transcript (if applicable) including certification of your rank in your high school class and ACT or SAT score. (Forms to use are enclosed.) Official proof of acceptance (if not currently enrolled) from the educational institution you will attend. 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.				

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

Date

Signature of Applicant

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(Should be completed by school you are attending)

Date:			-	
To:	(Administrator of S	chool)	-	
From:	(Name of School) (Applicant)			
As part of my a pertaining to m bottom of this	y records and submit it wit	cholarship, please com h a copy of my transcr	plete the following information ript to the address noted at the	
Year of Gradua	ation		-	
Number in grad	duating class			
Copy of officia	al transcript is enclosed.			
(Signature of A	authorized Official)	(Date)		
Print Name: _				
Title:				
Send or email t	his form with transcript to:			
Zonta (10 Lam Mt. Pul	Beccue, Chairman Club of Lincoln Scholarship plighter Circle aski, IL 62548 @frontiernet.net	o Committee		

Questions: Ph: 217-792-5966