

# ZONTA CLUB OF OSWEGO SCHOLARSHIP FOR NON-TRADITIONAL STUDENT

Year: 2025

# **Application Checklist**

Be sure all of the following <b>required</b> documents are included with your application. Applicant must be an Oswego County resident. Incomplete applications will not be reviewed.			
Applicant Information (Page 2)			
Activities and Honors (Page 3)			
Statement of a financial need and aid award (if applicable) (Page 4)			
Personal Statement (Page 5)			
Reference (Page 6) (Reference writer may send this separately by the deadline date.) Be sure your reference writer has been contacted and given the Reference Form on Page 7.  Registration documentation (Certificate of matriculation from the Registrar)			
Applicant must be a resident of Oswego County.			
Candidate's Signature Date			
· If this application is duplicated, please make sure all 6 pages have been copied. · DEADLINE: Please submit application by April 1, 2025, to:			

Oswego, NY 13126 Or email oswegozontaclub@gmail.com

Zonta Scholarship Zonta Club of Oswego

PO Box 5524

#### **ZONTA CLUB OF OSWEGO**

#### NON-TRADITIONAL STUDENT SCHOLARSHIP APPLICATION

(Please print neatly or type – use this form only) Name \_\_\_\_\_ Home Address \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_ Cell Phone \_\_\_\_\_ Number of years residence in Oswego County \_\_\_\_\_ Name and address of the educational institution where you are currently enrolled. Please attach a copy of verification of enrollment from the Registrar. If you are accepted for the Fall 2025 enrollment, please list the name and address of the educational institution where you are accepted for enrollment and attach a copy of your letter of acceptance to the application. Major(s) Student Status: Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_ Number of credits planned: Fall \_\_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_ **Current Employment** Position\_\_\_\_ Name and address of employer \_\_\_\_\_ Name of Immediate Supervisor

COMMUNITY/VOLUNTEER SERVICES (please list) Please provide a list of services activities and the years you participated.			
ONORS/AWARDS (please list)			
ease provide a list of any honors or awards you have received and the year you received them.			

### FINANCIAL STATEMENT

In order to assist the ZONTA Scholarship Committee with the assessment of your financial need, please provide the following information:

Name	
Total number of household members (including yourself): _	
Ages:	
Any other family members currently in college? Yes  If yes, please explain situation:	No
Annual gross household income	_ (Single parents do not include child support.)
Anticipated Annual Education Expenses (for the entire acade	emic year):
Tuition	
Room and Board	
Books/materials/lab fees, etc	
Transportation	
Day Care	
Unusual expenses related to major	

## **Financial Assistance**:

All information and financial forms submitted with application are confidential and will be destroyed after the scholarship has been awarded.

**Scholarships/grants:** (such as college, TAP, PELL, Work Study, etc.)

**Loans** (such as Perkins, Stafford, etc.)

# Write a PERSONAL STATEMENT (300-600 words).

Please attach a detailed descriptive statement about yourself (300-600 words). Indicate your academic/career goals and your tentative plans to achieve those goals. Include how this scholarship will help you build a better world for women and girls. Also include any other information which you feel should be considered in evaluating your final qualifications for a scholarship. Please attach your statement to this form. **Be sure to include your name on any attachments.** 

### **Letter of Reference**

Please request a letter of reference from a person who knows you well enough to serve as a reference (e.g., an educator, employer, counselor) and provide below the name, title if applicable, address, and phone number of the individual who will be providing the reference. Please provide ONE written reference only.

Name	
Title	
Address	
Phone	
Give the Reference Form (next sheet) to your reference. They may submit their responding to a submit with your application or they may give their reference to you to submit with your application.	
Please indicate the name and address of another individual who could be contacted Committee as an additional reference, if needed.	d by the Scholarship
Name:	
E-mail:	
Address	

# **ZONTA SCHOLARSHIP REFERENCE FORM**

Name of Applicant		
potential for successful achieve	a ZONTA CLUB OF OSWEGO Scholarship. You ement in college. Please discuss such topics a ses, challenges overcome, and describe in w	as their accomplishments,
	o this form. You may return your completed on. You may also mail or email your reference	
To be completed by the Refere	nce Writer:	
Name		
Title		
Address		
Telephone (work)	(home)	
Signature	Date	
DEADLINE: Please submit refer	rence by April 1, 2025, to:	
Zonta Scholarship Zonta Club of Oswego PO Box 5524		

Oswego, NY 13126

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