



ZONTA CLUB OF NORTHERN VALLEY, NJ ADULT SCHOLARSHIP APPLICATION

Please print all answers clearly.

Name: _____

Address: _____

Telephone # (home) _____ (cell) _____

Email Address (for communication only) _____

Present occupation (if any) _____

Full time _____ Part time _____ (check one)

Education: check below the highest level of school you have completed:

_____ High school (circle year completed) 9 10 11 12

_____ GED

_____ Some College, number of credits completed _____

_____ Associate degree

_____ Other (DESCRIBE) _____

Children's names, ages, school and grade:

First Name	Last Name	Age	School	Grade

Name of the college/school/vocational training center where you are presently enrolled OR where you have been accepted. **Attach** a letter of acceptance or proof of attendance (an official transcript will be acceptable). This will have to be sent by regular mail if you are emailing your application.

What is the tuition and/or total cost (per year) at the college, school or vocation training center you plan to attend or are attending? \$ _____



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(Intended) Course of study: _____

List all sources and amounts of probable income to help finance your education:

Federal grant(s) _____

Financial aid: _____

Work scholarship: _____

Other: _____

For the questions below (1, 2 and 3), please type your answers on a separate piece of paper noting the number of the question. Please keep to the stated length and make sure your name is on every sheet. If you are emailing your application, send them as attachments.

- 1. Describe your educational and career goals. (limited to 200 words)**
- 2. Please describe your family circumstances and your specific need for this scholarship. (limited to 150 words)**
- 3. Please tell us why you feel you should be considered for the Zonta Club of Northern Valley Adult Scholarship. (limited to 150 words)**



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Please provide reference letters from those named below. These letters should be sent by regular mail if you cannot attach them to an email Also provide address, and telephone number of the two (2) character references:

Name	Address	Telephone number

I certify that all statements contained in this application are true and correct.

Signature of applicant

Date

RETURN TO: Adult Scholarship Committee, c/o Kim Scavo,
376 Fourth Ave., Westwood, NJ 07675
kimasun3@yahoo.com

APPLICATION MUST BE POSTMARKED BY MARCH 18, 2017