

# ZONTA WOMEN IN BUSINESS LEADERSHIP AWARD

# **APPLICATION FORM**

SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Deadline:  (Deadline set by club applicant is applying to.)  Zonta Club/e-Club of:					
District/Area: To find a club click: Attention:	<u>Club Locator</u>				
Address:					
City/State: Province/Country:					
Telephone:					
Email address:					
Name:					
Last (Family)	Firs	t	Mi	ddle	_
Current mailing address:					
City:	State:	Postal Code:		Country:	
Email address:			Telephone:		
LinkedIn address:					
Permanent mailing address:					
City:	State:	Postal Code:		Country:	
Secondary email address:	_		Telephone:		
Birth date:	Birthplace:		Country of citiz	enship:	
(date/month/	year)	(city and country)			
Name of college/university/	institute currently attendi	ng (if applicable):			
Current year of study (if app	licable):	Expected graduation	date (if applicable	provide month/year):	
Department/field of study (in	f applicable):				
Degree sought (if applicable)	:				
Name and Address of Emplo	ver (if applicable):				

#### Academic background:

Applicants are required to send transcripts of grades or equivalent records from all universities, colleges or institutes attended. An explanation of the grading system must be included for each transcript. Please add your degree obtained or current degree sought, if applicable, and expected graduation date (month/year). Do not upload unofficial transcripts as they will not be accepted.

In the tables below, please list the institutions you have attended:

University/college/institute/online	(Year) to (Year)	Major Field	Date Degree Received/ Anticipated

### **Employment history (if applicable):**

(If you started your own company, please include that information here.)

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

ps, fellowships, honors received
ps, renewsinps, noners recei

Month/year		

#### Volunteer and/or 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 a faculty member in the major field of study (if applicable) and/or to a supervisor, employer, volunteer supervisor, or academic advisor. 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 who will submit recommendations:

Name	Position	Title	College/university/institute/emp loyer
1.			
2.			

# Professional information and goals

(Please type in English.)

 e provide the word count a		

### **Declaration by applicant**

Verification of Current Enrollment Form (if applicable)

Signatures

Letter from employer verifying employment (if applicable)

I certify that all 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 and international levels. I understand that, at the option of the Zonta club sponsoring my application or the Zonta district or Zonta International, I may be interviewed as a candidate for the Zonta Women in Business Leadership Award. I consent to the electronic or hard copy publication of material in my application by Zonta International.

oy Zonta International.		
<ul> <li>I confirm that I have not applied to more than one Zon</li> <li>I confirm that I am not a club member or individual wit Zonta Foundation for Women.</li> <li>I confirm that I have not applied for the 2026 Zonta Women.</li> <li>I confirm I am not a previous international scholarship</li> </ul>	h direct m omen in S	embership with Zonta International or employee of Zonta International and
Signature (required)		Date
(Insert image of your signature or	r print, sigi	n and scan this page.)
	ubmitting	by of your data seriously. We will never sell, trade or rent your personal this application, you agree to the use of your data in accordance with the cion documents (see page 8 of the application).
How did you learn of the Zonta Women in Business Leaders	hip Awar	d?
Social media:		
• LinkedIn		
<ul> <li>Facebook</li> </ul>		
<ul><li>Instagram</li></ul>		
Department/teacher		
Directory of grants at university financial aid office		
Directory of grants not at university (e.g., public libraries)		
Website (name):		
Previous recipient (name):		
Zonta club name:		
Checklist to be completed by applicant:		
Official detailed transcripts (if applicable)		
Translated transcripts in English from all	$\forall \Box$	
universities/colleges/institutions attended (if applicable)	$\perp$ $\sqcup$	
Recommendations (2)		
Essay (not exceeding 500 words)		



## Recommendation for Zonta Women in Business Leadership Award

Please return this form by:					
	Applicant's Sig	gnature is requi	red (Insert image of	your signature or p	orint, sign and scan this page.)
Applicant:				-	
Last (Fam	nily) Name	l	First	ľ	Middle
ecommendation from:		NI ama a		D	L' /T'
		Name		Posi	tion/Title
	College	/university/ins	titute/business/orga	nization	
n and submit this form w low long have you know		Timendation to	the address below.		
Please rate the applicant v	with respect to your ex	perience with o	ther students/emplo	yees in this field/p	oosition:
Exceptional Top 5%	Very Good Next 10%	Good Next	Average Next 30%	Below	Insufficient opportunity to observe
10p 5%	Next 10%	15%	Next 30%	Average Last 40%	observe
Signature is required (Inse	ert image of your signat	cure or print, sig	n and scan this page.	) Date	
Datum farma ta			4.:11:		
Return form to Zonta Club of:			lailing ddress:		
City:		S	tate/Province:		
Postal Code:		С	ountry:		
F		-			



## Recommendation for Zonta Women in Business Leadership Award

Please return this form by:					
	Applicant's Signating	gnature is requ	iired (Insert image of yo	ur signature or p	orint, sign and scan this page.)
Applicant:					
Last (Fam	ily) Name		First	1	Middle
Recommendation from:					. /*****
		Name		Posit	tion/Title
	College	/university/in	stitute/business/organi	zation	
n and submit this form w low long have you knowr	ith your letter of recor				nead of your choice; however, you
Please rate the applicant v	vith respect to your ex	perience with	other students/employe	ees in this field/p	osition:
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
ignature is required (Inse	rt image of your signat	ure or print, si	gn and scan this page.)		Date
Return form to Conta Club of:			Mailing Address:		
City:			State/Province:		
Postal Code:			Country:		
Fax:			Fmail Address:		

must



# Verification of Current School Enrollment for Zonta Women in Business Leadership Award

I certify that		is currently enrolled in
(name of student)		
in		
(year of degree program)	(name of co	ourse/degree being studied)
(name of college/univ	versity/institute)	
(name of conege, and	rer sity / mistreate/	
(address college/univ	ersity/institute)	
(address college/ drilly	ersity/institute/	
(signature is required of college/university/institute official)	(date)	(Expected graduation date)
(official stamp of the college/	university/institute	



# Privacy Policy and Publicity Authorization Zonta Women in Business Leadership Award

Zonta International and the Zonta Foundation for Women are committed to honoring the privacy and wishes of all our Zonta Women in Business Leadership Award 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 award 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 Zonta Women in Business Leadership Award. In addition, to ensure Zonta's ability to fund the Awards, the Zonta Foundation for Women may from time to time provide information to donors about recipients of their donations. Zonta retains the right to use your name, photograph and biographical information to promote the Zonta Women in Business Leadership Award in various promotional materials, including the website.
	$\square$ I have read the above paragraph and agree to the Terms and Conditions therein.
Please	e print your name
Signat	cure is required (Insert image of your signature or print, sign and scan this page.)  Date