# 2026



# ZONTA WOMEN IN STEM AWARD

# APPLICATION FORM

SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Application Deadline:					
(Deadline set by club					
applicant is applying to.)					
Zonta Club/e-Club of:					
District/Area:					
To find a club click:	Club Locator				
Attention:					
Address:					
City/State:					
Province/Country:					
Telephone:					
Email address:					
Name:					
Last (Family)	First	t		Middle	
Current mailing address:					
City:	State:	Postal Code:		Country:	
Email address:			Telephone:		
LinkedIn address:					
Permanent mailing address:					
City:	State:	Postal Code	e:	Country:	
Secondary email address:			Telephone	:	
Birth date:(date/month/yea	Birthplace:		Country of c	itizenship:	
(date/month/yea	ar)	(city and country)			
Name of college/university/inst	itute currently attending	g (if applicable):			
Current year of study (if applica	ble):				
Department/field of study (if ap					
Degree sought (if applicable):					
Name and Address of Employer	(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 in STEM field (if applicable):**

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

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

### Scholarships, fellowships, honors received:

Date

### Volunteer and/or other activities

(Please describe your volunteer, non-scholastic activities, memberships and cultural interests):

# 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 referees who will submit recommendations:

Name	Position	Title	College/university/institute/ employer
1.			
2.			

# Professional information and goals

#### (Please <u>type</u> essay.)

In 500 words or less, please describe your groundbreaking research, pioneering discoveries, and/or exemplary contributions to advancing knowledge and innovation in a STEM field, and how the Zonta Women in STEM Award will assist you in reaching your goals. (Essays cannot exceed 500 words to be considered.) Please provide the word count at the end of your answer.

## **Declaration by Applicant**

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 STEM Award. I consent to the electronic or hard copy publication of material in my application by Zonta International.

- l confirm that I have not applied to more than one Zonta district.
- I confirm that I am not a club member or individual with direct membership with Zonta International or employee of Zonta International and Zonta Foundation for Women.
- I confirm that I have not applied for the 2025 Zonta Women in Business Leadership Award.
- I confirm that I am not a previous international fellowship or scholarship recipient.

Signature (required)

(Insert image of your signature or print, sign and scan this page.)

Date

### **Data Protection**

Zonta International and Zonta Foundation for Women take the security of your data seriously. We will never sell, trade or rent your personal information provided in this application to third parties. By submitting this application, you agree to the use of your data in accordance with the *Privacy Policy and Publicity Authorization Form* contained in the application documents (see page 8 of the application).

(Please check the appropriate items.)

How did you learn of the Zonta Women in STEM Award?	
Social media: • LinkedIn • Facebook • Instagram	
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 universities/colleges/institutions attended (if applicable)	
Recommendations (2)	
Essay (not exceeding 500 words)	
Verification of Current Enrollment Form (if applicable)	
Letter from employer verifying employment (if applicable)	
Signatures	



# Recommendation for the Zonta Women in STEM Award

Please return th	nis form by:				
	A	pplicant's signature	e is required (Ins	ert image of your s	signature or print, sign and scan this page.
Applicant:					
	Last (Family) Name		First		Middle
Recommendat	tion from:				
		Name			Position/Title
		College/unive	ersity/institute/e	employer	
discuss the app analytical thinkin in a STEM field. form.	plicant's accomplishments; cung; ability to organize and exp . You may write your recomm	urrent academic p press ideas clearly; c	program and/or creativity; motiva	work experience; ation; and potential	lues and appreciates your opinion. Please intellectual independence; capacity for l for advancing knowledge and innovation must sign and submit the letter with this
How well do y	ou know the applicant?				
Please rate the	e applicant with respect to you	ur experience with	other students/	employees in this f	ield/position:
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
Referee's sign	ature is required (Insert image	e of your signature	e or print, sign ar	nd scan this page.)	Date
-	• • • -	, .			
Return form to Zonta Club of:			Mailing Address:		
City:			State/Province:		

Country:

Email Address:

Postal Code:

Fax:



# Recommendation for the Zonta Women in STEM Award

Please return this f	orm by:					
	Α	opplicant's signatu	u <b>re is required</b> (Inse	ert image of your s	signature or print, sign and scan this pag	ge.)
Applicant:						
Lä	ast (Family) Name		First		Middle	
Recommendation	from:					
		Name			Position/Title	
		College/uni	iversity/institute/e	employer		
discuss the applica analytical thinking; a	ant's accomplishments; c ability to organize and exp	current academic press ideas clearly	program and/or ; creativity; motiva	work experience; ation; and potentia	alues and appreciates your opinion. Plea intellectual independence; capacity f I for advancing knowledge and innovation must sign and submit the letter with the	or on
How well do you	know the applicant?					
Please rate the app	plicant with respect to yo	our experience wit	th other students/@	employees in this f	ïeld/position:	
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe	
Referee's signatur	<b>re is required</b> (Insert imag	ge of your signatu	re or print, sign an	d scan this page.)	Date	
Return form to Zonta Club of:			Mailing Address:			
City:	-		State/Province:			

Country:

Email Address:

Postal Code:

Fax:



# Verification of Current Enrollment Form for Zonta Women in STEM Award

I certify that			is currently enrolled in
		(name of student)	
	(year of degree program )	in	(name of course/degree being studied)
at			
		(name of college/unive	sity/institute)
		(address college/universi	ty/institute)

(signature of college/university/institute official)

(official stamp of the college/university/institute)



# Zonta Women in STEM Award Program Privacy Policy and Publicity Authorization

Zonta International and the Zonta Foundation for Women are committed to honoring the privacy and wishes of all our Zonta Women in STEM 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 scholarship 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 STEM 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 STEM Award in various promotional materials, including the website.

I have read the above paragraph and agree to the Terms and Conditions therein.

Please print your name

Signature is required (Insert image of your signature or print, sign and scan this page.)

Date