



# Zonta Club of Lebanon Scholarship Program 2019

## COVER SHEET

Complete this checklist and return as the cover sheet with your scholarship application.

Applicant's Name (Please print or type)

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Last First Middle

Address \_\_\_\_\_

Name of the scholarship for which you are applying \_\_\_\_\_

- Official Zonta Cover Sheet, signed and dated
- Official Zonta Application, signed and dated
- High School and/or College transcripts, as required
- Statement of Goals Essay
- Two recommendation forms and letters of reference
- Documentation of Social Involvement-Student Involvement Form

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**Signature**

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**Date**

Mail application packet before the deadline to:  
Scholarship Committee Chair  
**Colleen Thomas**  
**3430 Elm Swamp Road**  
**Lebanon, IN 46052**



# Zonta Club of Lebanon

## High School Senior Scholarship Program 2019

The Zonta Club of Lebanon/ Boone County Area is committed to its mission to improve the legal, political, economic, health, educational, and professional status of women through service and advocacy. We feel strongly about helping young women in the Boone County Area achieve their educational goals through higher education. We are providing an opportunity for a high school senior to earn a scholarship to pursue advanced education at a College, University, or Technical/Vocational School

*Please read the following information carefully and return the required documents before April 12, 2019*

### **Criteria Required to Apply**

You Must:

1. Be female
2. Have a minimum high school GPA of 2.49.
3. Complete and sign the attached cover sheet and application.
4. Provide a copy of your high school transcripts.
5. Plan to continue your education to achieve a degree at an accredited two or four year college or vocational-technical school.
6. Write a 250-300 word essay on your goals.
7. Provide two letters of reference.
8. Provide documentation of social involvement through volunteer and extracurricular activities.

### **Essay Requirements**

Write a 250-300 word essay stating your educational and career goals. The essay should reflect upon the influences in your life that affected your educational and career choices. Include what you have done, the people you have met, and the courses you have taken that have increased or positively supported your choice.

### **References**

You will need recommendations from high school teachers.

In addition, you will need two letters of reference from two non-school persons. These references cannot be related to the applicant.

### **Selection Process**

Zonta Club of Lebanon has a scholarship committee that reviews each application packet. A scholarship is awarded to the applicant who demonstrates academic excellence, social involvement, extracurricular activities, and activity in her selected career choice.

### **Scholarship Award**

The 2019 High School Senior Scholarship is \$1500.00. It will be awarded to an applicant graduating from Lebanon, Western Boone and Zionsville High schools or a graduating high school senior residing within these school districts. A total of three scholarships will be awarded.

### **How do I apply?**

Mail application packets to:

**Scholarship Committee Chair**

**Colleen Thomas**

**3430 Elm Swamp Road**

**Lebanon, IN 46052**



# ZONTA CLUB OF LEBANON/BOONE COUNTY HIGH SCHOOL SENIOR SCHOLARSHIP APPLICATION

APPLICANT'S NAME \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HIGH SCHOOL ATTENDING \_\_\_\_\_

GPA \_\_\_\_\_ NATIONAL HONOR SOCIETY \_\_\_\_\_ CLASS RANK \_\_\_\_\_

I PLAN TO ATTEND \_\_\_\_\_

DATE OF ACCEPTANCE \_\_\_\_\_ COLLEGE MAJOR \_\_\_\_\_

ONE YEAR PROGRAM \_\_\_\_\_ TWO YEAR PROGRAM \_\_\_\_\_ FOUR YEAR PROGRAM \_\_\_\_\_

NAME OF PARENTS OR GUARDIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_

FATHER'S OR GUARDIAN'S OCCUPATION \_\_\_\_\_

MOTHER'S OR GUARDIAN'S OCCUPATION \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_ HOW MANY WILL BE ATTENDING COLLEGE \_\_\_\_\_

PLEASE LIST ALL SCHOLARSHIP OR FINANCIAL AID APPLIED FOR \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE LIST ALL SCHOLARSHIP AWARDS OR FINANCIAL AIDS AWARDED AND KNOWN TO YOU AT THIS TIME AND THEIR NUMBER OF YEARS:

NAME OF AWARD \_\_\_\_\_ AMOUNT OF AWARD \_\_\_\_\_

NAME OF AWARD \_\_\_\_\_ AMOUNT OF AWARD \_\_\_\_\_

OTHER FINANCIAL AIDS \_\_\_\_\_

SOURCE AND AMOUNT OF FUNDS AVAILABLE FOR YEAR IN WHICH SCHOLARSHIP IS REQUESTED:

PARENTS \$ \_\_\_\_\_ STUDENTS SAVINGS \$ \_\_\_\_\_

SCHOLARSHIPS \$ \_\_\_\_\_ OTHER (RELATIVES, ETC)\$ \_\_\_\_\_

INDICATE ANY SPECIAL CIRCUMSTANCES YOU FEEL THE SCHOLARSHIP COMMITTEE NEEDS TO TAKE INTO CONSIDERATION:

SUBMIT COMPLETED COVER SHEET WITH ALL APPLICABLE ATTACHMENTS, BY APRIL 12TH, 2019 TO:

SCHOLARSHIP COMMITTEE CHAIRMAN

**Colleen Thomas**

**3430 Elm Swamp Road**

**Lebanon, IN 46052** OR EMAIL TO US: [cthomas3430@gmail.com](mailto:cthomas3430@gmail.com)

**I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND TRUE.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_



# Zonta Club of Lebanon Scholarship Program 2019

## RECOMMENDATION FORM

Present this form to each individual from whom you request a recommendation. Then return with a personal letter of reference explaining the ratings along with your completed application.

Applicant's Name (Please print or type)

\_\_\_\_\_

Last First Middle

Name of the scholarship for which you are applying \_\_\_\_\_

To the school professional or personal reference:

- How long have you known the applicant \_\_\_\_\_
- In what capacity? \_\_\_\_\_

**Please rank this applicant in the following areas on a scale of:**  
**1 = excellent, 2 = good, 3 = average, 4 = fair, 5 = poor, 6 = not observed**  
**(If you rate the applicant 4 or 5 in any area, please explain your rating.)**

	1	2	3	4	5	6
<b>Leadership</b>						
<b>Integrity</b>						
<b>Motivation</b>						
<b>Self-reliance</b>						
<b>Initiative</b>						
<b>Ability to follow directions</b>						
<b>Ability to accept responsibility</b>						
<b>Ability to relate to others</b>						
<b>Consideration of others</b>						
<b>Academic potential</b>						
<b>Consistency of performance</b>						
<b>Personal appearance</b>						

**PLEASE ATTACH A PERSONAL LETTER OF RECOMMENDATION**  
**(Required for consideration)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title



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(Required for consideration)**

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Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title