

Zonta Club of Marathon

YOUTH SCHOLARSHIP APPLICATION

FOR GIRLS in GRADES 9 through 12

*** Please note if you received a Youth award last year, you are NOT eligible this year ***

*** Seniors awarded either the YWPA or the Senior scholarship will NOT be eligible for a Youth Scholarship ***

Due Date to Zonta Club of Marathon: April 12, 2024

Contact at Zonta Club of Marathon: Erin Arnett erin@appcert.net 305.481.0367

Address: Zonta Club of Marathon, P.O. Box 500972, Marathon, FL 33050

OR

Submit electronically to info@zontaclubofmarathon.com

APPLICATION REQUIREMENTS

Youth Application: You, the applicant, must complete this form. *Any questions that are unanswered can disqualify you from an award.*

Two Adult Recommendations: One completed by a teacher or guidance counselor. One other is completed by an adult of your choice who knows you well and who is not related to you.

PURPOSE STATEMENT: *The purpose of the Zonta Youth Scholarship is to improve the lives of young women and help them to make progress towards fulfilling their dreams while still attending high school. This is NOT a scholarship program for post-secondary collegiate tuition. Requests for assistance can fall into a number of categories. Please check the categories that you are applying for and designate the cost of each.*

<input type="checkbox"/> Class Fees (summer, sports, vocational, arts, special needs)	\$ _____	<input type="checkbox"/> Tutoring	\$ _____	<input type="checkbox"/> GED or SAT Prep Classes	\$ _____
<input type="checkbox"/> Driving Instruction	\$ _____	<input type="checkbox"/> Clothing	\$ _____	<input type="checkbox"/> Computer Needs	\$ _____
<input type="checkbox"/> Other requests (explain): _____					\$ _____

Name: _____

D.O.B.: _____

Address: _____

City: _____, FL Zip: _____

Cell Number _____

E-mail address: _____

Does the applicant currently participate in the Free or Reduced Lunch program at school: Yes No

Is the applicant currently enrolled in Take Stock in Children: Yes No

If you answered "No" to either one of the above questions, please explain the financial need for the award:

What are you requesting funds for? Please be detailed. Please include an extra page if necessary.

Why is this scholarship award important to you?

Is your family able to assist you with this request? If not, please provide more detail.

What have you been doing to work toward this goal already?

Are you currently enrolled in: Public Private Home School

Name of your school? _____ Grade? _____

If you are working, or enrolled in a vocational program, tell us about it here:

What is your career goal? What would make you happiest to have as your job when you get older?

Please detail your community service, volunteer participation, and/or extra-curricular activities (sport, scouts, church, etc.) that you are involved in. How have these made you a better person or your community a better place to live? Please include an extra page if necessary.

Current Weighted G.P.A _____ Community Service Hours Recorded: _____

If there is anything else you would like us to know, tell us about it here:

I pledge that I am currently drug-free and am not involved in any criminal activities. I also pledge that I will continue to be drug-free and not become involved in criminal activities in the future.

Signature _____ Date _____

Note: Average awards are \$200 - \$500. Ask for anything you strongly believe will help you improve your success in school, in your job, in life skills, or in life in general.

Include any brochure or paperwork describing the item. If you have done research involving the price of the item from various businesses, please provide that information. If you receive an award, you must use it immediately.

Zonta Youth Scholarship Recommendation Form

Please attach to the application (Return on or before April 12, 2023)

Youth Name: _____ Date: _____

I am applying for the Zonta Youth Scholarship for the following activity/item:

_____ and would like you to fill out this form as a reference. **Thank you very much!**

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How do you know the applicant?

What benefits do you think she will gain if awarded the scholarship?

How would you describe the applicant? Why do you recommend her?

Signature: _____

Date: _____

Name (Printed) : _____

Phone: _____

Organization/Affiliation: _____

Address: _____

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