

# ZONTA WOMEN IN STEM AWARD

# **APPLICATION FORM**

## SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

| Application Deadline:  | October 15, 2025                |                              |                                 |  |
|--|---------------------------------|------------------------------|---------------------------------|--|
| (Deadline set by club<br>applicant is applying to.)<br>Zonta Club/e-Club of: | Milwaukee                       |                              |                                 |  |
| District/Area:   | 6                               |                              | <del></del>                     |  |
| To find a club click:  | Club Locator                    |                              |                                 |  |
| Attention:   | Deb Koller                      |                              |                                 |  |
| Address:   | 210 S. Water St. Unit 52        | 1                            |                                 |  |
| City/State:  | Milwaukee, WI 53204             |                              |                                 |  |
| Province/Country:  | USA                             |                              |                                 |  |
| Telephone:   | 262-930-0907 text/phone         | Э                            |                                 |  |
| Email address:   | zcscholarship@zontamil          | waukee.org                   |                                 |  |
| Name:  |                                 |                              |                                 |  |
| Last (Family)  | First                           |                              | Middle                          |  |
| Current mailing address:   |                                 |                              |                                 |  |
| City:  | State:                          | Postal Code:                 | Country:                        |  |
| Email address:   |                                 | Telephor                     | ne:                             |  |
| LinkedIn address:  |                                 |                              |                                 |  |
| Permanent mailing address:   |                                 |                              |                                 |  |
| City:  | State:                          | Postal Code:                 | Country:                        |  |
|  |                                 |                              | lephone:                        |  |
| Birth date:  | Birthplace:                     | Cou                          | ntry of citizenship:            |  |
| (date/month/   | year)                           | (city and country)           |                                 |  |
| Name of college/university/i   | nstitute currently attending (i | f applicable):               |                                 |  |
| Current year of study (if appli  | icable):                        | Expected graduation date (if | applicable provide month/year): |  |
| Department/field of study (if  | applicable):                    |                              |                                 |  |
| Degree sought (if applicable):   |                                 |                              |                                 |  |
|  |                                 |                              |                                 |  |
| Name and Address of Employ   | /er (it 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/<br>Anticipated |
|-------------------------------------|------------------|-------------|--------------------------------------|
|                                     |                  |             |                                      |
|                                     |                  |             |                                      |
|                                     |                  |             |                                      |
|                                     |                  |             |                                      |
|                                     |                  |             |                                      |
|                                     |                  |             |                                      |

#### Employment history in STEM field (if applicable):

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

| From (month/year) | To<br>(month/year) | Name of Employer | Address | Type of work or position held |
|-------------------|--------------------|------------------|---------|-------------------------------|
|                   |                    |                  |         |                               |
|                   |                    |                  |         |                               |
|                   |                    |                  |         |                               |
|                   |                    |                  |         |                               |
|                   |                    |                  |         |                               |

| Scholarships, fellowships, honors received: |      |  |  |  |
|---|------|--|--|--|
|   | Date |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |
|   |      |  |  |  |

|    |         |        | 4.1   |            |
|----|---------|--------|-------|------------|
| Vn | lunteer | 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 type 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. |
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# 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

| international levels. I ur<br>International, I may be i | nderstand that, at the option of the Z   | Zonta club sp<br>onta Women | n for translation into English for advancing to district and consoring my application or the Zonta district or Zonta in STEM Award. I consent to the electronic or hard copy         |
|---|--|-----------------------------|--|
| I confirm that International a                          | I have not applied to more than one in the lam not a club member or individual and Zonta Foundation for Women. I have not applied for the 2025 Zont I am not a previous international fell | l with direct<br>a Women in | membership with Zonta International or employee of Zonta  Business Leadership Award.   |
| Signature (required)                                    |  |                             | Date   |
|   | (Insert image of your signature o  | or print, sign              |  |
| your personal informa                                   | tion provided in this application to t   | hird parties.               | by of your data seriously. We will never sell, trade or rent By submitting this application, you agree to the use of your borm contained in the application documents (see page 8 of |
| (Please check the appr                                  | opriate items.) the Zonta Women in STEM Award?   |                             |  |
| Social media:  LinkedIn  Facebook  Instagram            | the Zonta Women in 31 EM Award.  |                             |  |
| Department/teacher                                      |  |                             |  |
|   | t university financial aid office  |                             |  |
|   | ot at university (e.g., public libraries)  |                             |  |
| Website (name):   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |                             |  |
| Previous recipient (n                                   | ame):  |                             |  |
| Zonta club name:  |  |                             |  |
| Charlette to 1  | ata d bu analke est  |                             |  |
| Official detailed tran                                  |  |                             |  |
| Translated transcript                                   |  |                             |  |
| Recommendations (2                                      | /institutions attended (if applicable)<br>!)   |                             |  |
| Essay (not exceeding                                    | 3 500 words)   |                             |  |
| Verification of Curre                                   | nt Enrollment Form (if applicable)   |                             |  |
| Letter from employe                                     | r verifying employment (if applicable  | e)                          |  |
| Signatures  |  |                             |  |



### Recommendation for the Zonta Women in STEM Award

| Please return this fo                          | orm by:                                    | October 15, 2   | 2025                             |  |  |
|--|--|---|----------------------------------|--|--|
|  | _  | Appli   | cant's signatu                   | r <b>e is required</b> (Ins            | sert image of your signature or print, sign and scan this page.)   |
| Applicant:                                     | st (Family) I                              | Name  |                                  | First                                  | Middle   |
| Recommendation f                               | from:                                      |   |                                  |  |  |
| Recommendation                                 | TOTTI.                                     |   | Name                             |  | Position/Title   |
|  |  |   |                                  |  |  |
|  |  |   | College/univ                     | versity/institute/e                    | /employer  |
|  |  |   | 0                                |  | . ,  |
| discuss the applicar<br>analytical thinking; a | nt's accomp<br>bility to orga<br>may write | lishments; curre<br>anize and express<br>your recommend | ent academic<br>s ideas clearly; | program and/or<br>; creativity; motiva | ernational greatly values and appreciates your opinion. Please work experience; intellectual independence; capacity for vation; and potential for advancing knowledge and innovation our choice, but you must sign and submit the letter with this |
| •  |  | _   |                                  |  |  |
| Please rate the app                            | licant with r                              | espect to your e  | xperience wit                    | h other students/                      | /employees in this field/position:   |
| Exceptional<br>Top 5%                          | Very<br>Next                               | Good<br>: 10%   | Good<br>Next 15%                 | Average<br>Next 30%                    | Below Average Insufficient opportunity to Last 40% observe   |
| Referee's signature                            | e is required                              | l (Insert image of                                      | vour signatur                    | re or print, sign an                   | nd scan this page.) Date   |
|  |  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                 | ,                                |  |  |
| Return form to<br>Zonta Club of:               | Milwaukee                                  |   |                                  | Mailing<br>Address:                    | 210 S. Water St. Unit 521  |
| City:  | Milwaukee                                  |   |                                  | State/Province:                        | Wisconsin  |
| Postal Code:                                   | 53204                                      |   |                                  | Country:                               | USA  |
| Fax:   |  |   |                                  | Email Address:                         | zcscholarship@zontamilwaukee.org   |



#### Recommendation for the Zonta Women in STEM Award

| Please return this fo                           | October 15, 2025   |  |  |
|---|--|--|--|
|   | Applicant's  | signature is required (Ins                             | ert image of your signature or print, sign and scan this page.)  |
| Applicant:Las                                   | st (Family) Name   | First  | Middle   |
| Recommendation f                                |  | lame   | Position/Title   |
|   |  |  |  |
|   | Coll   | ege/university/institute/e                             | employer   |
| discuss the applican<br>analytical thinking; ab | t's accomplishments; current ac<br>pility to organize and express ideas<br>may write your recommendation | ademic program and/or<br>s clearly; creativity; motiva | rnational greatly values and appreciates your opinion. Please work experience; intellectual independence; capacity for ation; and potential for advancing knowledge and innovation our choice, but you must sign and submit the letter with this |
| Please rate the appl                            | icant with respect to your experie   | ence with other students/                              | employees in this field/position:  |
| Exceptional<br>Top 5%                           | Very Good Goo<br>Next 10% Next   | Average<br>15% Next 30%                                | Below Average Insufficient opportunity to observe  |
| Referee's signature                             | is required (Insert image of your  | signature or print, sign ar                            | nd scan this page.) Date   |
| Return form to<br>Zonta Club of:                | Milwaukee  | Mailing<br>Address:                                    | 210 S. Water St. Unit 521  |
| City:   | Milwaukee  | State/Province:  | Wisconsin  |
| Postal Code:                                    | 53204  | Country:   | USA  |
| Fax:  |  | Email Address:   | zcscholarship@zontamilwaukee.org   |



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

| I certify that                                      | is currently enrolled in                    |
|---|---|
| (name   | of student)                                 |
|   |   |
|   |   |
|   | in in (name of course/degree being studied) |
| (year of degree program )                           | (name of course/degree being studied)       |
|   |   |
| at  |   |
| (name o   | of college/university/institute)            |
|   |   |
|   |   |
| 7.11  |   |
| (address  | college/university/institute)               |
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| (signature of college/university/institute official | al)   |
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|   |   |
| / cm > 1 ·  |   |
| (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. |
|          |  |
| Please p | orint your name  |
|          |  |
|          |  |
| oignatu  | re is required (Insert image of your signature or print, sign and scan this page.)  Date   |