

Zonta Bendigo's Ann Horrocks WOMEN IN STEM SCHOLARSHIP APPLICATION FORM



Send any Questions to:

Ember Chittenden 0402 478 728 or email e.chittenden@latrobe.edu.au

SEND APPLICATION TO:

Deadline:	Friday 23rd February 2024
Zonta Club/e-Club of:	Bendigo Inc
District/Area:	District 23. Area 4
To find a club click:	NA
Attention:	Ember Chittenden, A Horrocks
Address:	NA
City/State:	Victoria
Province/Country:	Australia
Telephone:	0402 478 728
Email address:	zontabendigo@gmail.com

Name: _____
Last (Family) First Middle

Permanent mailing address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Email address: _____ : _____

Telephone: _____ LinkedIn address
if created _____

Address during academic year (if different): _____

City: _____ State: _____ Postal Code: _____ Country: _____

Secondary email address: _____ Telephone: _____

Birth date: _____ Birthplace: _____ Country of citizenship: _____
(mm/dd/yyyy) (city and country)

Name of university currently enrolled in: _____

Current year of study: _____

Department: _____ Major/field of study: _____

Plans for study under the A Horrocks STEM Scholarship: _____

Degree sought: _____

Expected graduation date (include month/year): _____

Academic background – Years 11 & 12

Your application must include official detailed copies of grades or equivalent records from all colleges, or institutions attended, including undergraduate institutions. An explanation of the grading system must be included. **Please add your current degree sought and expected graduation date (month/year).** Please ensure all submitted forms are legible.) **Do not upload unofficial copies of results** as they will not be accepted.

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

University/College	(Year 11 & 12)	Date Yr 12 Received/ Anticipated

Employment history

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

Scholarships, fellowships, awards received (please give dates):

(Year) to (Year)

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 one Yr 12 or TAFE TEACHER and one to an organization supervisor, employer, volunteer supervisor or academic advisor. Note that a faculty member in the major field of study must be one of the referees. 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/ company
1.			
2.			

Declaration by Applicant

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

- I confirm that I have not applied to more than one Zonta district.
- I confirm that I am not a family member (ancestor, descendant, adoptee, sibling, niece or cousin and those of their spouse or co-habiting partner)) of a club member and individual with direct membership with Zonta International, and/or employee of Zonta International.

Signature (required)

Date

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

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 Women in STEM Scholarship?

Checklist to be completed by applicant

Social media	<input type="checkbox"/>	Official detailed transcripts (from all universities/colleges/institutions attended)	<input type="checkbox"/>
Department/teacher	<input type="checkbox"/>	Translated transcripts in English (from all universities/colleges/institutions attended)	<input type="checkbox"/>
Yr 12 School contact			
Directory of grants at university financial aid office	<input type="checkbox"/>	Recommendations (2)	<input type="checkbox"/>
Directory of grants not at university (e.g., public libraries)	<input type="checkbox"/>	Recommendation Waiver Form	<input type="checkbox"/>
Website (name):	<input type="checkbox"/>	Verification of Current Enrollment Form	<input type="checkbox"/>
Previous recipient (name):	<input type="checkbox"/>	Signatures	<input type="checkbox"/>
Zonta club name:	<input type="checkbox"/>	Other:	

Professional information and goals

In 500 words or less, please describe:

- your academic and/or professional goals,
- the relevance of your program,
- how you have demonstrated initiative,
- ambition and commitment to pursuing a career in STEM, and
- how the Bendigo Zonta Women in STEM Scholarship will assist you in reaching your goals.

Total words cannot exceed 500 to be considered. Please provide the word count at the end of your submission.

Recommendation for the Zonta Bendigo Ann Horrocks Women in STEM Scholarship



Please return this form by: **23rd February 2024** to **zontabendigo@gmail.com**

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

Applicant: _____
 Last (Family) Name First Middle

Recommendation from: _____
 Name Position/Title

College/TAFE/institute/employer/

The applicant above has applied for a Zonta International Women in STEM Scholarship. Zonta International greatly values and appreciates your opinion. Please discuss the applicant's accomplishments; current academic program and/or work experience; intellectual independence; capacity for analytical thinking; ability to organize and express ideas clearly; creativity; motivation; and potential for learning and succeeding in a STEM related program. You may write your recommendation letter on letterhead of your choice, sign and must submit with this form.

How well do you know the applicant? _____

Please rate the applicant with respect to your experience with other students/employees in this field/position:

- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exceptional
Top 5% | Very Good
Next 10% | Good
Next 15% | Average
Next 30% | Below Average
Last 40% | Insufficient opportunity to
observe |

Referee's signature is required (Insert image of your signature or print, sign and scan this page) _____ Date _____

Return form to Zonta Club of:	Bendigo Inc	Mailing Address:	NA
City:	Bendigo	State/Province:	Victoria
Postal Code:	3550	Country:	Australia
Fax:	NA	Email Address:	zontabendigo@gmail.com

Recommendation for the Zonta Bendigo Ann Horrocks Women in STEM Scholarship



Please return this form by: **23rd February 2024** to zontabendigo@gmail.com

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Last (Family) Name
First
Middle

Recommendation from: _____
Name
Position/Title

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- | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exceptional
Top 5% | Very Good
Next 10% | Good
Next 15% | Average
Next 30% | Below Average
Last 40% | Insufficient opportunity to
observe |

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

_____ Date

Return form to Zonta Club of:	Bendigo Inc via email.	Mailing Address:	NA
City:	Bendigo	State/Province:	Victoria
Postal Code:	3550	Country:	Australia
Fax:	NA	Email Address:	zontabendigo@gmail.com

Verification of Current Enrollment Form
Zonta Bendigo's Ann Horrocks Women in STEM Scholarship



I certify that _____ is currently in
(Name)

_____ at _____
(department) (university/college)

and is enrolled in a _____ Degree.

(Signature of registrar) (Date) (Expected graduation date)

(Official University/College Stamp)

Declaration by Applicant

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

I confirm that I have not applied to more than one Zonta district.

I confirm that I am not a family member (ancestor, descendant, adoptee, sibling, niece or cousin and those of their spouse or co-habiting partner of a club member or individual with direct membership with Zonta International, and/or employee of Zonta International.

I confirm that I have not applied for the 2023 Zonta International Jane M Klausman Women in Business Scholarship.

Signature (required)

Date

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

Zonta Club use only			
Social media		Official detailed transcripts (from all universities/colleges/institutions attended)	
Department/teacher	<input type="checkbox"/>	Translated transcripts in English (from all universities/colleges/institutions attended)	<input type="checkbox"/>
Directory of grants at university financial aid office	<input type="checkbox"/>	Recommendations(2) included	<input type="checkbox"/>
Directory of grants not at university (e.g. public libraries)		Recommendation Waiver Form	



**Ann Horrocks Zonta Bendigo Women in STEM Scholarship Program
to be eligible for nomination to ZI.**

ZI Privacy Policy and Publicity Authorization

Zonta International and the Zonta Foundation for Women are committed to honoring the privacy and wishes of all of our Women in STEM Scholarship 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 Women in STEM Scholarship Program. In addition, to ensure Zonta's ability to fund the scholarships, the Zonta Foundation for Women may from time to time provide information to donors to the Women in STEM Scholarship Fund about recipients of their donations. Zonta retains the right to use your name, photograph and biographical information to promote the Women in STEM Scholarships in various promotional materials, including the website.

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

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

Date

Please print your name