ZONTA INTERNATIONAL

Recommendation for the Zonta Women in STEM Award

Please return this form by: _____

_____
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/university/institute/employer

The applicant above has applied for a Zonta Women in STEM Award. 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 advancing knowledge and innovation in a STEM field. You may write your recommendation letter on letterhead of your choice, but you must sign and submit the letter 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:

☐ **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:		**Mailing Address:**	
City:		**State/Province:**	
Postal Code:		**Country:**	
Fax:		**Email Address:**	