

High School Scholarship Application – 2024-2025

DEADLINE: Must be postmarked or e-mailed no later than Saturday, April 5, 2025

IMPORTANT INFORMATION

*Application MUST BE TYPED.

*Application MUST be complete including all requested information.

(See checklist included in application.)

*Application may be mailed or e-mailed.

*If any questions, please contact us through: presidentsanduskyzonta@gmail.com



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Application may be mailed to:

Zonta Club of Greater Sandusky, P.O. Box 1222, Sandusky, OH 44871-1222 or e-mailed to: presidentsanduskyzonta@gmail.com

Name:			
Last		irst	Middle Name/Initial
Mailing Address:			
City:	_Zip Code:	Birth Dat	te – Mo/Date/Year:
Telephone: ()	E-Mail Ad	dress:	
Name of High School curren	ntly attending:		
High School Address/City/Z	Zip Code:		
including whether and/or ho	rative your anticipa w you plan to be a provide the word	active in volunte	LS tudy and current career interest, eer or community organizations. d of your answer in space provided.
			Word Count:
	DECLADA	TION OF ADD	
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hecklist to be completed by applican Completed application: School Transcript with	Three (3) pages; Appli	eted) ication MUST be typed.
Two (2) recommendation Recent photo must be possible and the possible and the possible are also as a second possible and the possible are also as a second	on letters with signatur	



Scholarship Recipient's News Release Information | Photo must be provided

Name:				
	Last	First	Middle	
Age:	GPA (on 4.0 scale):_	Rank In Class:	out of	
High School fro	om which you will graduate:			_
	Ill be attending: City/State			_
Your planned n	najor:			_
Parent(s)/Guard	dian(s) Name(s):			_
Addres	ss/City/State:			-
Parents(s)/Guar	rdian(s) Names(s):			
Addres	ss/City/State:			
List any honors	s you have received in high sch	ool – school and commu	nity:	
			volved:	
NOTE: A rece	ent photo of yourself <u>MUST</u> b	e provided with this fo	rm to be utilized for public relati	ons.
I give my perm	ission for this information and	my photo to be released	with the news release to media.	
Parent/	Guardian Signature	Stude	ent Signature	
Date		Date		



Letter of Recommendation High School Scholarship – 2024-2025

Applicant:Last (Family) Name	First	Middle Name/Initial
Recommendation from:		
Name – Printed		Position/Title
Name of	High School//Business/	Organization
The Scholarship Evaluation Committee discuss the applicant's accomplishmer intellectual independence; capacity for clearly; creativity; motivation; and pote	e greatly values and nts; current academ analytical thinking; ential for learning an endation on letterhea	ic program and/or work experience; ability to organize and express ideas
Your Address/City/State/Zip Code:		
Phone Number: () E-ma	ail:	
How long have you known the applicant?		<u>.</u>
Signature of person providing recommen	ıdation	Date

Deadline for submission: SATURDAY, APRIL 5, 2025 Note: You must sign and submit this form with your Letter of Recommendation. Return this form along with recommendation to Zonta Club of Greater Sandusky:

- US Postal Service: P.O. Box 1222, Sandusky, OH 44871-1222 AND/OR
- Email: presidentsanduskyzonta@gmail.com

Zonta Club of Greater Sandusky has served Erie County and surrounding areas for 64 years with Zonta International celebrating 106 years of service.

Zonta International is a leading global organization of professionals empowering women worldwide through service and advocacy.



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