**INFORMATION AND CRITERIA FOR THE**

**AUSTIN ZONTA CLUB**

**YEAR 2024 NON-TRADITIONAL STUDENT SCHOLARSHIP**

**PLEASE READ THESE REQUIREMENTS CAREFULLY!**

1. The amount of the scholarship award will be $1,000.
2. The applicant must be female.
3. The applicant must be a U.S. citizen.
4. The applicant must be resident of Mower County or attending Riverland College.
5. The recipient must have been accepted by and/or currently attending a post-secondary facility (college or technical school).
6. The applicant should be a non-traditional student, that is, she should be continuing her post-secondary education after an extended absence of a minimum of 5 years from school.
7. The applicant should be active in school (if appropriate) and/or community activities.
8. Financial need will be considered, but the award will be primarily based on merit.
9. The award will be paid to the academic institution after the successful completion of one semester of post-secondary education (request form will be provided).
10. **Any scholarship award must be claimed within one calendar year of the date of award or the scholarship recipient forfeits the award.**
11. All application should be returned by mail or in person to:

Zonta Club of Austin

c/o Mary Jo Follmuth

204 Oakland Avenue West

Austin, MN 55912

Phone 507-437-8773

Email: austinmnzonta@hotmail.com

1. **Applications must be RECEIVED BY (not postmarked by) February 23, 2024 by 5:00 pm.**
2. Incomplete applications or applications received after the deadline will not be considered.

Applicant Number: \_\_\_\_\_\_\_\_\_\_

**AUSTIN ZONTA CLUB**

**AUSTIN, MINNESOTA**

**Application for Non-Traditional Student Scholarship**

To the scholarship Committee of the Austin Zonta Club, I hereby apply for the Austin Zonta Club’s Continuing Education Scholarship:

Name (please print):

(last) (first) (middle)

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address:

Telephone:

**Certification of Application**

All of the information contained on this form is true and complete to the best of my knowledge. If asked by an authorized official of Austin Zonta Club, I agree to give proof of the information that I have given on this form. I realize that if I do not give proof when asked, I may not be eligible for consideration for this scholarship.

I further hereby attest that I am a resident of Mower County or attending Riverland College and a citizen of the United States.

Date: Applicant Signature

Complete applications must be **RECEIVED no later than February 23, 2024.**

Austin Zonta Club

Mary Jo Follmuth

204 Oakland Avenue West

Austin, MN 55912

Applicant Number: \_\_\_\_\_\_\_\_\_\_

**In answering the following question, please attach additional sheets as needed.** If information is included in an attached resume, numbers 2, 4, and 5 may be omitted.

1. I plan on attending or currently attend (college or technical school): beginning on (date): , 20\_\_\_\_\_\_.

2. If you have attended post-secondary school prior to this application, please answer the following:

I have attended (college or technical school): for years/months/semesters since (date) and have earned credits at the time of this application.

3. I plan on attending school: part-time or full time.

How many credits do you intend to carry during your next term of enrollment?

4. Work Background – Begin with most recent employment (include dates of employment).

A)

B)

C)

5. Education Background:

A) High School: When did you graduate?

B) Post-Secondary: When did you graduate?

6. Do you plan to continue working or are you continuing to work during your post-secondary schooling?

Please Explain.

7. What field of study do you intend to pursue or are you pursuing in college or technical school?

8. What are your reasons for choosing this field of study?

9. How close are you to reaching your goals in this field of study?

Applicant Number: \_\_\_\_\_\_\_\_\_\_

10. How will your life and/or economic situation be improved by your continuing education?

11. If your stated educational objectives are different from your current educational background or work experience, please explain why this change is desired.

12. Please state your short-term and long-term career goals.

13. Estimate your expenses for the next year including, but not limited to, tuition, books, and supplies, travel, room and board or living expenses.

$

14. Please list any financial aid, student loans, scholarships or grants you have been awarded for furthering your education:

15. Does your employer make any financial contributions to your educational expenses? Please explain.

16. Do you and/or member(s) of your immediate family qualify for one or more of the following?

Yes No

Free or reduced school lunches;

SSI (Supplemental Security Income);

MSA (Minnesota Supplemental Assistance Program);

MFIP (Minnesota Family Investment Program);

Food Stamps;

General Assistance or Work Readiness;

Medical Assistance or General Assistance;

Medical Care;

Energy Assistance;

And/or Other (specify)

Applicant Number: \_\_\_\_\_\_\_\_\_\_

17. Describe the activities in which you participate that benefit the community. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Please indicate specific and unusual circumstances, including financial or other hardship(s), of which the Scholarship Committee should be aware. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. G.P.A. if currently pursuing continuing education. Please attach a copy (does not have to be certified) of your current transcript.

**20. Please attach two (2) letters of recommendation attesting to your personal qualifications and need for this scholarship. Only one letter of recommendation may be from a teacher. Letters of recommendation may not be from family sources.**