ZONTA INTERNATIONAL
DISTRICT 10

Rose Award

District 10
Zonta Award
For a Non-Traditional Student

SELECTION CRITERIA:

1. Recipient must be a single female parent Head of Household (as defined by IRS definition), who is the primary wage earner of the family.
2. **Applicants should be individuals pursuing post high school training or certification programs not necessarily requiring a baccalaureate degree.**
3. The recipient must use the award to attend an educational institution that is accredited and normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of students in attendance at the place where its educational activities are regularly carried on.
4. Financial needs are determined by consideration of annual family income.
5. Recipient must be a resident of the Zonta International District 10 (to include those areas where a member of e-Club of USA2 resides).

*Classified members (club members and individuals with direct membership with Zonta International) and employees of Zonta International and Zonta International Foundation, and their family members (ancestors, descendants, adoptees, siblings, nieces or cousins, and those of their spouse or co-habiting partner) are not eligible to apply.

APPLICATION PROCEDURES:

1. Complete the award application fully and neatly and submit as a PDF preferably by email.
2. Enter your name on all evaluation forms.
3. Solicit letters of recommendation from two people not related to you who know you well. Have references send the forms directly to the Zonta contact listed below before the deadline.
4. Prepare the "Financial Fact Sheet" documenting a proof of need, and turn it in with your completed application to the Zonta contact before the deadline
5. Submit a completed copy of the family's **Income Tax** return used in preparing the "fact sheet."

SELECTION COMMMITTEE:

The Zonta International District 10 Award/Scholarship committee is comprised of members of the Zonta International District 10 membership.

AWARD:

The award is $1,250 paid to the recipient for any expenses that support the achievement of post high school training or certification programs not necessarily requiring a baccalaureate degree.

APPLICANT NAME: _____

SUBMISSION DEADLINE: April 1, 2027

Contact:
zontadistrict10@gmail.com

PERSONAL DATA:

Name of Student_____

Phone_____ Email _____

Address_____ Zip _____

Date of Birth: _____ Marital Status:_____ Dependents_____

Names and ages of dependents _____

Citizenship (for tax purposes): United States_____Other _____

EDUCATIONAL BACKGROUND:

High School: _____

Date of Graduation: _____ Grade Point Average: _____

School Presently Attending: _____

Address: _____

Current Year:_____Freshman _____Sophomore _____Junior _____Senior _____ N/A

Cumulative Grade Point Average: _____ Expected Date of Completion: _____

FINANCIAL DATA :

Do you receive income from your family (parent(s) or child support)? Yes ☐ No ☐ hly amount_____

Are you presently receiving financial assistance from any other source? Yes ☐ No ☐ _____
Please disclose source and amount: _____

Current Employment: _____Salary: _____

Address: _____ From:_____To:_____

Please attach the required **financial data sheet** and most recent **IRS return**.

APPLICANT NAME: _____

COMMUNITY SERVICE ACTIVITIES: Please list all the community activities in which you have been involved.

REFERENCES:
List names and addresses of persons submitting references:

Academic Reference

Name: _____ Phone: _____E-Mail: _____

Other Reference

Name: _____Phone: _____E-Mail_____

STATEMENT OF ECONOMIC NEED AND CAREER PLANS: Please attach (300 words or less) a paragraph that describes your career and educational goals and a statement of need for financial assistance.

APPLICANT NAME: _____

FINANCIAL FACT SHEET

Student Name: _____ Social Security Number: _____
Address: _____
Date of Birth: _____ Marital Status: _____
Have you enclosed you most recent income tax return? _____
If you are dependent on your parent(s) for support complete Section A. If you are independent from the support of your parent(s) complete Section B.

Section A: (If dependent on parents for support)

Total number of exemptions for family: _____

Adjusted gross income of family $_____

Income tax paid $_____

Income earned by father: $_____

Income earned by mother: $_____

Parent's marital status: _____

Number of members in the family: _____

Number of family members in college: _____

Other family untaxed income or benefits: $_____

Student's income earned from work $_____

Student's other untaxed income or benefits $_____

Section B: (If not dependent on parents for support)

Total number of exemptions for family: _____

Adjusted gross income of family $_____

Income tax paid $_____

Income earned by work of applicant: $_____

Number of dependent children: _____

Child support received: $_____

Student's other untaxed income or benefits $_____

Student's cash, savings, and checking: $_____

Student's real estate and investment value (other than home) $_____

Student's real estate and investment (Other than debt) $_____

Student's business value: $_____ Student's business debt: $_____