

# **Career Advancement Scholarship**

### Offered by the Zonta Club of Frankfort, IN

## Name of Applicant:

### I. Eligibility:

- a. A Clinton County Resident
- b. 19 years old or more at the time of the application
- c. Can document financial need.
- d. Shows ability to complete education or upgrade vocational skills.
- e. Has been admitted to or cleared for admission to an academic or vocational school which is licensed or accredited by the State of Indiana.
- f. Furnishes a plan of schooling with specific vocational objectives that fit the situation, including class tuition fees and qualifications of the applicant to take the course of study.
- g. Previous winners of the Career Advancement Scholarship are not eligible.
- h. Members of Zonta and their immediate families are not eligible.

### II. Conditions of Scholarship:

Scholarship money **must** be applied to tuition, books, supplies, and / or expenses for the course of study, with evidence of enrollment and expenses from the College / University to be provided to the Frankfort Zonta Club Treasurer by the applicant **prior to** receipt of funds. It is expected that funds be used within one year of receiving the award.

#### III. Selection:

Scholarship application must be presented to the Zonta Scholarship Committee and emailed no later than May 16, 2025 to:

Sharon Keck slbarr52@yahoo.com

Questions? Cell: 765-242-6516

# **Career Advancement Scholarship Application for 2025-2026**

Name:				
First	1	Middle	Last	
Mailing Address: _				
City, State, Zip:				
Telephone:				
Age:	Clinton (	County Resident #	Years:	
Marital Status: Sp	ouse ? Y N If	f Yes Spouse Nam	e:	
If employed, Name	e of Employer (for you an	nd your spouse):		
Applicant:		_ Spouse:		
Children? Number	at home and ages:			
Dependents Other	r than Children:			
Educational Backg	<u>ground</u>			
List in order, starti	ng with high school, all s	chools and trainir	ng courses you have attended. Ir	nsert
extra page if neces	ssary.			
Dates attended	Name of Institution	Major	Date of Graduation	
List highest educa	tional level in which Diplo	oma or Degree wa	as awarded:	
Are you currently	enrolled in any sort of po	est-secondary or t	raining courses? Yes No	
If yes, date started	l: Yo	ur chosen field of	study?	

Work Experience
List all work experiences since high school, starting with current or most recent employment. Insert extra page if
necessary.

Date	Position	Salary	Employer / Supervisor	
				_ _
Summariz	e volunteer work and / o	r community service activi	ries in which you have been involved.	-
				<b>-</b>
Reference	<u>s</u>			
One of the	ese references must be <b>w</b>	ork-related (a former or co	I to write recommendations for this schola urrent employer or co-workers, for exampl rsons not related to you or family.	•
		connected with the prograby the selection committee	m for which you desire a <b>Career Advancer</b> e.	nent
Name		Title / Positi	on	_
Name		Title / Posit	ion	_
-	the best of my knowled Statement is true and co	-	ontained in this application and on the at	tached
		Signature		-
Checklist to b	e completed by applicant:			
Applicati	on materials, typed and in English.			
Two_conf	idential recommendations request	ed- must be postmarked by the dea	dline date.	
Financia	l Status Form			
Study Pr	oposal Form			
Signatur	es as noted on each document pag	ge.		

DEADLINE: Applications must be postmarked or digital applications submitted electronically by 11:59 pm on May 16, 2025.

## **Financial Status for Career Advancement Scholarship**

Grants, scholarships, educational loans received?
If yes, amount:
Describe the type of grants, scholarships, loans, and other financial assistance you have received, or currently applied for, this current school year 2025/2026.
Assistance from parents or others?
If yes, describe the assistance:
What is your current estimated family annual income?
Because the scholarship is <u>need based</u> , please explain any pertinent financial information you would like the Selection Committee to consider (may type on additional sheet and attach if more space is needed.)
I hereby certify that I have carefully read the contents of the above FINANCIAL STATEMENT and affirm that the same is a true abd correct statement of my financial condition this date
Applicant Signature:

## **Study Proposal for Career Advancement Scholarship**

College / University you do / will atter	ıd:
College / University address:	
Date Admitted:	Admission Pending:
Describe the <b>Program of Study</b> you pl	an to enroll next term:
School Expenses per 2025 / 2026 sem	nester or term:
Tuition and fees:	
Books and Supplies:	
Transportation / Childcare:	
Other:	
Total:	

Please attach a separate one-page discussion of how you expect your proposal training or Program of study to add to your opportunities for employment or advancement.

# **Recommendation for Career Advancement Scholarship**

Appl	icant:		
	Last (Family) Name	First	Middle
Reco	mmendation from:		
	Name (Please Print)	Positio	n / Title
Your	Address:		
1.	a. In what capacity have you know	wn the applicant?	
	b. How long have you known the	applicant?	
2.	How would you rate the applicant'	s degree of interest in scho	oling and education?
3.	Please explain why or why not, you scholarship?	u think this applicant should	d be selected to receive the
4.	What job opportunities do you env	vision for the applicant afte	r the study plan is completed?
	se email no later than May 16, 2025 on Keck	to:	
	r52@yahoo.com		