

# **Zonta Club of Glens Falls 2026 Scholarship Application**

*Please read all information and instructions before completing this application. Failure to follow these instructions may impact your eligibility to be considered for the scholarship.*

Zonta International is a service organization of professionals and executives dedicated to improving the status of women worldwide through service and advocacy. Its members are leaders in their respective communities who have pledged themselves to conduct projects that meet substantial civic, educational, and social needs in the area served by the local club.

## **Eligibility**

To be eligible for the Zonta Club of Glens Falls Scholarship, the student must -

- Be a graduating high school senior, a past recipient, or returning adult planning to enroll in:

- an undergraduate or graduate course of study at an accredited post-secondary institution for the 2026-2027 academic year

OR

- an accredited postsecondary course of study leading to a professional career.

- Be a resident of Warren, Washington, or Northern Saratoga County.
- Demonstrate academic success, school and community involvement and talent or dream for future success.
- Demonstrate financial need.
- Zonta members and their immediate family are not eligible to apply. Z-Club members are eligible.

## **Awards**

If selected as a recipient, the student will receive an award in an amount determined by the Zonta Club Scholarship Committee. Awards are not renewable, but students may reapply to the program each year they meet eligibility requirements.

## **Application Documents**

Interested students must complete the attached application and mail it along with the following required documents:

- Official school transcripts or GED scores
- 2026 FAFSA Submission Summary, including the SAI (Student Aid Index)
- An essay of five hundred (500) words or less describing how you meet the following criteria: financial need, academic achievement, and involvement in school and community activities. Describe any special talent, dream, passion or focus you have for the future, and provide evidence of your resourcefulness and initiative in meeting this goal. In addition, how does your chosen field relate to the Zonta Mission, "Build a Better World for Women & Girls"?

**Attach essay as a separate document.**

- Additionally, two written references should be sent directly from the reference to the Scholarship Committee. Only two written references will be accepted. It is recommended that references are emailed to the Scholarship/Awards Chairperson.

Your name must be on each page of all documents submitted. Keep a copy of all submissions for your reference.

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### **Application Process & Deadline**

ALL documents, including references, will be emailed to the Scholarship/Awards Chairperson listed on the application, no later than April 1, 2026

### **Selection of Recipients**

The Scholarship Committee reviews all applications and selects potential scholarship recipients in late April. The Scholarship Committee notifies potential recipients and School Districts by May 1, 2026.

The scholarship/award recipients are selected by the Scholarship/Award Committee on the basis of all eligibility criteria.

### **Presentation & Payment of Awards**

The Zonta Club of Glens Falls Foundation processes scholarship payments after the recipient submits proof of completing the first term of study at his or her institution to the Foundation Treasurer. The check is made payable to and mailed to the recipient.

### **Additional Information**

Questions regarding the scholarship program should be addressed to the Zonta Club of Glens Falls Scholarship Chairs.

**Name Contact info:** Sandra Blackman, Ginny Sullivan  
[zontagfawards@gmail.com](mailto:zontagfawards@gmail.com)

# **Zonta Club of Glens Falls 2026 Scholarship Application**

## **Applicant Information**

Name: \_\_\_\_\_

(Last) (First) (Middle Initial)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

(Last) (First) (Middle Initial)

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

(Last) (First) (Middle Initial)

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Siblings / Children in school:

Name	School Name Grade

## **Applicant's Academic History**

High School:

School Name	Dates Attended Graduation Date

Student Name: \_\_\_\_\_

Postsecondary:

School Name	Dates Attended Graduation Date or Status

Name of postsecondary institutions where applying for enrollment for upcoming academic year:

\_\_\_\_\_

## Zonta Club of Glens Falls 2026 Scholarship Application

Student Name: \_\_\_\_\_

### Financial Aid Information

This information will be kept confidential and is subject to verification. Please respond to the best of your ability.

Anticipated Costs		Anticipated Financial Aid	
Tuition	\$	Parents/Spouse	\$
Room & Board	\$	Savings (personal)	\$
Books	\$	Work Study	\$
Other	\$	Scholarships	\$
Other	\$	Loans	\$
Other	\$	Other	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Please list other scholarships and financial aid for which you have applied that are not mentioned above: \_\_\_\_\_

\_\_\_\_\_

### Certification

*I certify that I meet eligibility requirements of the program and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any award granted.*

Student Signature: \_\_\_\_\_

Parent Signature (if the applicant is under 18):

\_\_\_\_\_

**All Application documents must be received no later than April 1, 2026**  
**Email all application documents to:**

**Zonta Club of Glens Falls Scholarship Committee Chairs**  
**Sandra Blackman, Ginny Sullivan**  
[zontagfawards@gmail.com](mailto:zontagfawards@gmail.com)