Zonta Club of Elmira

Educational Gift

Application Form

Name					
Address					
Phone					
	formation: List degrees or diplomas you currently hold				
Currently Atten	nding:				
Planning to attend in Fall:					
Current of planned field of study					
Educational and career goals:					

Essay: 100-150 words. Tell us about yourself. Include goals, (educational and personal), service to the community, and how this gift would impact your upcoming endeavors. Include any unusual financial obligations or other information you wish to provide. Return completed application, letters of reference, and essay (preferably electronically) by the deadline of May 2, 2025, to:

Marta Santiago OR By Mail:

marta.abba.santiago@gmail.com P.O. Box 73

Attn: Educational Gift

Horseheads, NY 14845

Rules:

- 1. Must be a Chemung County resident
- 2. A copy of most recent academic transcript must accompany the application
- 3. Two references
 - a. One personal
 - b. One detailing service to the Community
- 4. 100-150 word essay
- 5. Not open to individuals who have been awarded an educational gift in the past from Elmira Zonta Club
- 6. No incomplete or late applications will be considered (deadline May 2, 2025)

Zonta Club of Elmira

Educational Gift

Personal Reference Form

Name of Applicant					
The above-named applicant is applying committee will appreciate any informat individuals' credentials. All informatior for your prompt attention to this matter.	ion you can provide n will be held in stric	that will assist in evaluating this			
Your Name					
Your Address					
none E-Mail					
What is your relationship to this applica	nt?				
How long have you known this applican	t?				
As known to you, please comment on th	nis applicant's pers	onal characteristics and aspirations:			
Please return ele	ectronically (prefe	rred) or by mail to:			
Marta Santiago	OR	By Mail:			
marta.abba.santiago@gmail.com		P.O. Box 73			
		Attn: Educational Gift			
		Horseheads, NY 14845			

*** DEADLINE May 2, 2025 ***

Zonta Club of Elmira

Educational Gift

Service Reference Form

Name of Applicant				
The above-named applicant is applying committee will appreciate any informat individuals' credentials. All information for your prompt attention to this matter.	ion you can provide n will be held in stric	that will assist in evaluating this		
Your Name				
Your Address				
hone E-Mail				
What is your relationship to this applica	int?			
How long have you known this applican	t?			
As known to you, please comment on th	nis applicant's servi	ce to the community:		
Please return ele	ectronically (prefe	rred) or by mail to:		
Marta Santiago	OR	By Mail:		
marta.abba.santiago@gmail.com		P.O. Box 73		
		Attn: Educational Gift		
		Horseheads, NY 14845		

*** DEADLINE May 2, 2025 ***