2026



ZONTA WOMEN IN STEM AWARD

APPLICATION FORM

SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Application Deadline:	30. Mai 2025			
(Deadline set by club applicant is applying to.) Zonta Club/e-Club of:	BOZEN-BOLZANO			
District/Area:	14/02			
To find a club click:				
Attention:	Ulrike Oberkofler Wert	h		
Address:				
City/State:	Bozen			
Province/Country:	Italy			
Telephone:	+39 349 0696972			
Email address:	info@zontabz.org			
Name:				
Last (Family)	First		Middle	
Current mailing address:				
City:	State:	Postal Code:	Country: _	
Email address:		Tele	phone:	
LinkedIn address:				
Permanent mailing address:				
City:	State:	Postal Code:	Country:	
Secondary email address:			Telephone:	
Birth date:	Birthplace:		Country of citizenship:	
(date/month/y	vear)	(city and country)		
Name of college/university/in	stitute currently attending	(if applicable):		
Current year of study (if applic	cable):	Expected graduation da	te (if applicable provide ı	month/year):
Department/field of study (if	applicable):			
Degree sought (if applicable):				
	// P			
Name and Address of Employ	er (ir applicable):			

Academic background:

Applicants are required to send transcripts of grades or equivalent records from all universities, colleges or institutes attended. An explanation of the grading system must be included for each transcript. Please add your degree obtained or current degree sought, if applicable, and expected graduation date (month/year). Do not upload unofficial transcripts as they will not be accepted.

In the tables below, please list the institutions you have attended:

University/college/institute/online	(Year) to (Year)	Major Field	Date Degree Received/ Anticipated

Employment history in STEM field (if applicable):

(If you started your own company, please include that information here.)

From (month/year)	To (month/year)	Name of Employer	Address	Type of work or position held

Date

Volunteer and/or other activities

(Please describe your volunteer, non-scholastic activities, memberships and cultural interests):

N. C.		

Recommendations

Please use the following fields to name and send a recommendation letter request to a faculty member in the major field of study (if applicable) and/or to a supervisor, employer, volunteer supervisor, or academic advisor. These recommendations are confidential, and you will not be able to view the completed responses. It is the responsibility of the applicant to make sure these recommendations have been turned in by the Zonta club's deadline.

Please list below those referees who will submit recommendations:

Name	Position	Title	College/university/institute/ employer
1.			
2.			

Professional information and goals

(Please type essay.)

Declaration by Applicant

assistance in completing the essay portions of this application international levels. I understand that, at the option of the Zor	rm is accurate to the best of my knowledge and that I did not receive other than for translation into English for advancing to district and that club sponsoring my application or the Zonta district or Zonta a Women in STEM Award. I consent to the electronic or hard copy al.
I confirm that I have not applied to more than one Zor I confirm that I am not a club member or individual w	nta district. ith direct membership with Zonta International or employee of Zonta
International and Zonta Foundation for Women. I confirm that I have not applied for the 2025 Zonta V I confirm that I am not a previous international fellow	
Signature (required)	Date
(Insert image of your signature or p	rint, sign and scan this page.)
Data Protection	
Zonta International and Zonta Foundation for Women take t your personal information provided in this application to thir	he security of your data seriously. We will never sell, trade or rent d parties. By submitting this application, you agree to the use of your rization Form contained in the application documents (see page 8 of
(Please check the appropriate items.) How did you learn of the Zonta Women in STEM Award?	
Social media: LinkedIn	
■ Facebook	
■ Instagram	
Department/teacher	
Directory of grants at university financial aid office	
Directory of grants not at university (e.g., public libraries)	
Website (name):	
Previous recipient (name):	
Zonta club name:	
Checklist to be completed by applicant:	
Official detailed transcripts (if applicable)	
Translated transcripts in English from all universities/colleges/institutions attended (if applicable)	
Recommendations (2)	
Essay (not exceeding 500 words)	
Verification of Current Enrollment Form (if applicable)	
Letter from employer verifying employment (if applicable)	
Signatures	



Recommendation for the Zonta Women in STEM Award

Please return this fo	orm by:				
		Annlicant's signature	is required (Ins	ort image of vour	signature or print, sign and scan this page.)
	_	Applicant's signature i	S required (max	ert image or your a	algnature or print, sign and scan tins page.
Applicant:					
	ast (Family) Name		First		Middle
Recommendation	from:				
		Name			Position/Title
		College/univers	sity/institute/e	mployer	
discuss the applica analytical thinking; a	ant's accomplishments; of ability to organize and ex	current academic pro press ideas clearly; cre	ogram and/or eativity; motiva	work experience; ation; and potential	alues and appreciates your opinion. Please intellectual independence; capacity for I for advancing knowledge and innovation must sign and submit the letter with this
How well do you k	know the applicant?				
Please rate the app	plicant with respect to yo	our experience with o	ther students/	employees in this f	iield/position:
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
Referee's signatur	r e is required (Insert imag	ge of your signature o	r print, sign an	d scan this page.)	Date
Return form to Zonta Club of:			Mailing Address:		
City:		S ^r	State/Province:		
Postal Code:		С	Country:		

Email Address:

Fax:



Recommendation for the Zonta Women in STEM Award

Please return this	form by:				
		Applicant's signature	is required (Ins	ert image of your	signature or print, sign and scan this page.)
Applicant:	Last (Family) Name		First		Middle
Recommendation	on from:				
		Name			Position/Title
		College/unive	rsity/institute/e		
		College/ drifte	i sity / iii stitute, e	проуст	
discuss the applic analytical thinking;	cant's accomplishments; on the complishments; on the complishments; on the complex and extending	current academic pr press ideas clearly; c	rogram and/or reativity; motiva	work experience; ation; and potentia	alues and appreciates your opinion. Please intellectual independence; capacity for all for advancing knowledge and innovation a must sign and submit the letter with this
How well do you	ı know the applicant?				
Please rate the ap	pplicant with respect to yo	our experience with o	other students/e	employees in this f	field/position:
Exceptional Top 5%	Very Good Next 10%	Good Next 15%	Average Next 30%	Below Average Last 40%	Insufficient opportunity to observe
Referee's signatu	ure is required (Insert imag	ge of your signature	or print, sign an	d scan this page.)	Date
Return form to Zonta Club of:			Mailing Address:		
City:			State/Province:		
Postal Code:			Country:		

Email Address:

Fax:



Verification of Current Enrollment Form for Zonta Women in STEM Award

I certify that	is currently enrolled in
(name o	of student)
	in in (name of course/degree being studied)
(year of degree program)	(name of course/degree being studied)
at	
(name c	f college/university/institute)
/adduces	all and only on the Bank to the
(address	college/university/institute)
(signature of college/university/institute official	II)
/off: a: a! ataurum a4	the college (university /institute)
(Official stamp of	the college/university/institute)



Zonta Women in STEM Award Program Privacy Policy and Publicity Authorization

Zonta International and the Zonta Foundation for Women are committed to honoring the privacy and wishes of all our Zonta Women in STEM Award recipients at all times. In order to do this, please read the following information carefully and indicate your agreement as appropriate.

1.	scholarship recipients. It is our general policy to collect and store only personal information that our recipients knowingly provide Zonta does not sell, trade, or rent your personally identifying information to third parties. Except as described in paragraph two, we take reasonable measures not to disclose personally identifying information about you.
	☐ I have read the above paragraph and agree to the Terms and Conditions therein.
2.	From time to time, Zonta International and the Zonta Foundation for Women conducts various marketing activities to promote the Zonta Women in STEM Award. In addition, to ensure Zonta's ability to fund the awards, the Zonta Foundation for Women may from time to time provide information to donors about recipients of their donations. Zonta retains the right to use your name, photograph and biographical information to promote the Zonta Women in STEM Award in various promotional materials, including the website.
Please p	print your name
Signatui	re is required (Insert image of your signature or print, sign and scan this page.) Date