

Zonta Club of Buffalo Healthcare Career Award 2026

General Information

The Zonta Club of Buffalo is pleased to announce the Zonta Club of Buffalo Healthcare Career Award for 2025. Zonta International is a leading global organization of professionals empowering women worldwide through service and advocacy. It was founded in Buffalo in 1919 by Marian de Forest and now has nearly 30,000 members in 67 countries and geographic areas. All high school/home school college-bound seniors who are living or going to school in the city of Buffalo are encouraged to apply for this award.

The Award

This one-time award is \$1,500.00.

Please check if you would like to also be considered for the ZCB 2025 Gallivan award _____

Who is eligible?

Any high school/home school college-bound senior ***LIVING OR GOING TO SCHOOL IN THE CITY OF BUFFALO*** and demonstrates:

- Plans for a course of study in a medical, dental, nursing or related healthcare field. Related fields may include: various therapies (physical, respiratory, occupational), technologies (dental, radiology, health information) as well as nutrition, pharmacy, health care research, or public health.
- Evidence of an active commitment to volunteerism. Highlight any volunteer service regarding women.
- High academic skills.
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Application Requirements

- Completed application. Copies can be downloaded from the website of the Zonta Club of Buffalo: www.zontaclubbuffalo.org
- Verification of current enrollment with overall GPA by school official.
- A one-page, typed essay from the applicant, including a description of your planned career choice, and how your education will prepare you for that future. List "Healthcare Award" and applicant's name at top of page.
- Two confidential letters of recommendation from a teacher or school counselor.
- A one-page typed explanation of school, extracurricular, and service activities, including honors and recognitions that you have earned. Explain your role. List "Healthcare Award" and applicant's name at top of page.
- Verification of acceptance to a recognized, accredited college or university. May be a photocopy of an acceptance letter.

Submission of Application Materials

Submit all application materials **by mail** to: Zonta Club of Buffalo Awards Committee, Zonta Club of Buffalo, P. O. Box 1252, Buffalo, NY 14240-1252 **or by email** to gwillsky@buffalo.edu On Subject line, enter "Healthcare Award" and applicant's name.

All application materials must be received by May 1, 2026.

Release of funds is contingent on verification of enrollment at a recognized, accredited college or university.

Recipient will be notified by email and letter by May 2026.

Questions regarding this award can be emailed to gwillsky@buffalo.edu

On Subject line, enter "Healthcare Award" and applicant's name.

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Verification of Current Enrollment

Submit this verification of current enrollment **by mail** to: Zonta Club of Buffalo Awards Committee, Zonta Club of Buffalo, P. O. Box 1252, Buffalo, NY 14240-1252 **or by email** to gwillsky@buffalo.edu On Subject line, enter "Healthcare Award" and applicant's name.

If you do not use this form to email response, please make sure all information is in your reply.

All application materials must be received by May 1, 2026.

Student Name _____ is currently enrolled in

Grade _____ at _____ Name of High School _____

With a GPA of _____ and class rank of _____ (if available).

Date _____ Name of Official _____

School Address _____

Official School Stamp:

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Recommendation

This recommendation must be received by May 1, 2026.

Student Name _____

Last

First

Middle

Recommendation provided by:

Name (please print) _____ Title _____

Name of High School _____

This student has applied for the Zonta Club of Buffalo Healthcare Career Award for students who plan a career in healthcare and have been active in any school, extracurricular, and service activities. Please highlight this student's accomplishments, degree of motivation, and noteworthy personality characteristics. Please use the space provided below or send a separate letter mentioning the student's name for the Zonta Club of Buffalo Healthcare Career Award. Thank you for your valuable inputs to fully evaluate this applicant.

This recommendation must be sent by mail to: Zonta Club of Buffalo Awards Committee, Zonta Club of Buffalo, P. O. Box 1252, Buffalo, NY 14240-1252 **or by email** to gwillsky@buffalo.edu On Subject line, enter "Healthcare Award" and applicant's name.

Signature _____

Date _____