

# Zonta Club of Buffalo Healthcare Career Award 2024

## General Information

The Zonta Club of Buffalo is pleased to announce the Zonta Club of Buffalo Healthcare Career Award for 2024. 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.**

## 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.

## Application Requirements

- Completed application. Copies can be downloaded from the website of the Zonta Club of Buffalo: [www.zontaclubbuffalo.org](http://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.
- One confidential letter of recommendation from a teacher or school counselor.
- A one-page typed list 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](mailto:gwillsky@buffalo.edu) On Subject line, enter "Healthcare Award" and applicant's name.

**All application materials must be received by May 1, 2024.**

**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 2024.

Questions regarding this award can be emailed to [gwillsky@buffalo.edu](mailto:gwillsky@buffalo.edu)

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

# Zonta Club of Buffalo Healthcare Career Award 2024 Application

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](mailto:gwillsky@buffalo.edu) On Subject line, enter "Healthcare Award" and applicant's name.

**All application materials must be received by May 1, 2024.**  
***Please complete this application neatly. Print using blue or black ink.***

Student Name \_\_\_\_\_ Signature \_\_\_\_\_  
Last First Middle (If submitting hard copy only)

Present Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Name and Address of High School \_\_\_\_\_

Name and Address of College You Plan to Attend (may be changed later) \_\_\_\_\_

Planned Major in College \_\_\_\_\_

Name of Teacher or School Counselor Writing Recommendation \_\_\_\_\_

## **Please submit these descriptions along with this application:**

Make sure to list "Healthcare Award" and applicant's name at top of each page.

1. A one page maximum, typed essay including description of your planned career choice, how your education will prepare you for that future, and how you have worked to benefit your school or community.
2. A one-page typed list of any school, extracurricular, and service activities and the role that you play in them. Include any honors or recognitions that you have earned.

## **Checklist of attachments for deadline of May 1, 2024**

- Completed application in English
- Verification of current enrollment, including overall GPA, by school official
- One page essay as described above.
- One confidential letter of recommendation by a teacher or school counselor
- One-page, typed list of any school, extracurricular, service activities, including any honors, & recognitions
- Verification of acceptance to a recognized, accredited college or university. This can be a photocopy of an acceptance letter. A different school can be substituted later.

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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](mailto: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, 2024.**

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:

# Zonta Club of Buffalo Healthcare Career Award 2024 Recommendation

**This recommendation must be received by May 1, 2024.**

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](mailto:gwillsky@buffalo.edu) On Subject line, enter "Healthcare Award" and applicant's name.

Signature \_\_\_\_\_

Date \_\_\_\_\_