



ZONTA
INTERNATIONAL
DISTRICT 29

Zonta District 29 Recommendation for the Women in STEM Scholarship

Please return this form by: _____

Applicant's signature is required (Insert image of your signature or print, sign and scan this page.)

Applicant: _____
Last (Family) Name First Middle

Recommendation from: _____
Name Position/Title

College/university/institute/employer

The applicant above has applied for a Zonta District 29 Women in STEM Scholarship. Zonta District 29 greatly values and appreciates your opinion. Please discuss the applicant's accomplishments; current academic program and/or work experience; intellectual independence; capacity for analytical thinking; ability to organize and express ideas clearly; creativity; motivation; and potential for learning and succeeding in a STEM-related program. You may write your recommendation letter on letterhead of your choice, but you must sign and submit letter with this form.

How well do you know the applicant? _____

Please rate the applicant with respect to your experience with other students/employees in this 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 signature is required (Insert image of your signature or print, sign and scan this page) Date

Return form to Zonta Club of:		Mailing Address:	
City:		State/Province:	
Postal Code:		Country:	
Fax:		Email Address:	