

2025

ZONTA WOMEN IN BUSINESS LEADERSHIP AWARD



APPLICATION FORM

SEND APPLICATION AND DIRECT ANY QUESTIONS TO:

Deadline:

(Deadline set by club
applicant is applying to.)
Zonta Club/e-Club of:

District/Area:

To find a club click:

[Club Locator](#)

Attention:

Address:

City/State:

Province/Country:

Telephone:

Email address:

Name: _____
Last (Family) First Middle

Current mailing address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Email address: _____ Telephone: _____

LinkedIn address: _____

Permanent mailing address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Secondary email address: _____ Telephone: _____

Birth date: _____ Birthplace: _____ Country of citizenship: _____
(date/month/year) (city and country)

Name of college/university/institute currently attending (if applicable): _____

Current year of study (if applicable): _____ Expected graduation date (if applicable provide month/year): _____

Department/field of study (if applicable): _____

Degree sought (if applicable): _____

Name and Address of Employer (if 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 (if applicable):

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

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

Scholarships, fellowships, honors received:

	Month/year

Volunteer and/or other activities

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

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 who will submit recommendations:

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

Professional information and goals

(Please type in English.)

In 500 words or less, please describe how you have demonstrated exceptional leadership, entrepreneurial spirit, and ethical conduct in a business-related field of study or industry, any significant contributions you have made to addressing global or local issues affecting women and girls or climate justice, and how the Zonta Women in Business Leadership Award will assist you in reaching your goals. (Essays cannot exceed 500 words to be considered.) Please provide the word count at the end of your answer.

Declaration by applicant

I certify that all the information contained in my application form is accurate to the best of my knowledge and that I did not receive assistance in completing the essay portions of this application other than for translation into English for advancing to district and international levels. I understand that, at the option of the Zonta club sponsoring my application or the Zonta district or Zonta International, I may be interviewed as a candidate for the Zonta Women in Business Leadership Award. I consent to the electronic or hard copy publication of material in my application by Zonta International.

- ☐ I confirm that I have not applied to more than one Zonta district.
- ☐ I confirm that I am not a club member or individual with direct membership with Zonta International or employee of Zonta International and Zonta Foundation for Women.
- ☐ I confirm that I have not applied for the 2026 Zonta Women in STEM Award.
- ☐ I confirm I am not a previous international scholarship recipient.

Signature (required) _____

Date _____

(Insert image of your signature or print, sign and scan this page.)

Data protection

Zonta International and Zonta Foundation for Women take the security of your data seriously. We will never sell, trade or rent your personal information provided in this application to third parties. By submitting this application, you agree to the use of your data in accordance with the *Privacy Policy and Publicity Authorization Form* contained in the application documents (see page 8 of the application).

(Please check the appropriate items.)

How did you learn of the Zonta Women in Business Leadership Award?

Social media:	
▪ LinkedIn	<input type="checkbox"/>
▪ Facebook	<input type="checkbox"/>
▪ Instagram	<input type="checkbox"/>
Department/teacher	<input type="checkbox"/>
Directory of grants at university financial aid office	<input type="checkbox"/>
Directory of grants not at university (e.g., public libraries)	<input type="checkbox"/>
Website (name):	
Previous recipient (name):	
Zonta club name:	

Checklist to be completed by applicant:

Official detailed transcripts (if applicable)	<input type="checkbox"/>
Translated transcripts in English from all universities/colleges/institutions attended (if applicable)	<input type="checkbox"/>
Recommendations (2)	<input type="checkbox"/>
Essay (not exceeding 500 words)	<input type="checkbox"/>
Verification of Current Enrollment Form (if applicable)	<input type="checkbox"/>
Letter from employer verifying employment (if applicable)	<input type="checkbox"/>
Signatures	<input type="checkbox"/>



Recommendation for Zonta Women in Business Leadership Award

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/business/organization

The applicant above has applied for a Zonta Women in Business Leadership Award. The Zonta Women in Business Leadership Award Jury greatly values and appreciates your opinion. Please discuss the applicant's accomplishments; current academic program 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 business-related field. You may write your recommendation letter on letterhead of your choice; however, you must sign and submit this form with your letter of recommendation to the address below.

How long have you known the applicant? _____

Please rate the applicant with respect to your experience with other students/employees in this field/position:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exceptional	Very Good	Good	Average	Below	Insufficient opportunity to
Top 5%	Next 10%	Next 15%	Next 30%	Average	observe
				Last 40%	

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:	



ZONTA INTERNATIONAL

Recommendation for Zonta Women in Business Leadership Award

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Applicant: _____
Last (Family) Name First Middle

Recommendation from: _____
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How long have you known 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

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:	



ZONTA INTERNATIONAL

Verification of Current School Enrollment for Zonta Women in Business Leadership Award

I certify that _____ is currently enrolled in
(name of student)

_____ in _____
(year of degree program) (name of course/degree being studied)

at _____
(name of college/university/institute)

(address college/university/institute)

(signature is required of college/university/institute official)

(date)

(Expected graduation date)

(official stamp of the college/university/institute)



Privacy Policy and Publicity Authorization
Zonta Women in Business Leadership Award

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

1. Most data collected by Zonta International and the Zonta Foundation for Women is used only to help Zonta better serve its award 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 Business Leadership 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 Business Leadership Award in various promotional materials, including the website.

☐ I have read the above paragraph and agree to the Terms and Conditions therein.

Please print your name

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

Date