

# 2026 ZONTA CLUB OF LINCOLN WOMEN'S CAREER SCHOLARSHIP

## ELIGIBILITY

Any woman accepted into or currently enrolled in a professional curriculum is eligible. Past award winners are eligible to re-apply. **Applicants must be residents of Logan County.** School to be attended need not be an Illinois institution; however, it must be accredited or recognized as an approved program in the field of study. Students having less than one academic year remaining until graduation are not eligible for consideration. Students with a spouse, parent, child or sibling in Zonta are not eligible to apply.

## APPLICANT RESPONSIBILITIES

Direct questions and documents to: Jeanie Beccue, Acting Chairman  
Zonta Club of Lincoln, Scholarship Committee  
10 Lamplighter Circle  
Mt. Pulaski, IL 62548  
Phone#: (217) 792-5966 or send to  
Email: zonta63388@gmail.com

Completed application and references **must be received by Saturday, May 30, 2026**, to be considered for this award. **NO EXCEPTIONS CAN BE MADE due to the shortened submission timeframe.** Finalists **MUST** participate in the interviews to be held **Saturday, June 6, 2026**. Please come dressed as if you were called for a job interview in an office setting.

**Note:** It is the applicant's responsibility to make sure all necessary documents have been submitted to the committee chairman listed above. *If all the information is not received/completed, your application can not be considered.*

## FACTS

Top candidates will be selected based on merit, activities, leadership, honors, awards, and need. Candidates to be interviewed will be contacted for a personal interview by a Scholarship Committee of two Zontians, two professional individuals, and one educator. Selection of the scholarship recipient(s) will be made shortly after the personal interview on **June 6, 2026**. Each applicant will be informed of the Scholarship Committee's decision.

Zonta Scholarships are given on a one academic year (3 quarters or 2 semesters) basis, contingent upon the student's sustained academic achievement. The award will be applied toward tuition, fees, board and room, books and/or other related expenses and will be sent directly to the school authorities as designated by the scholarship award recipient, in two (or three, if applicable) equal payments.

If a recipient drops out of school while the award is in effect, no further funds will be distributed. Furthermore, the recipient will be bound by separate agreement to repay to the Zonta Club of Lincoln the total sum of all funds received within a reasonable length of time. If the recipient transfers to another accredited professional school, the remaining funds will be redirected after the Zonta Club has been notified and has verified the transfer.

For information on Zonta International, please visit this website: [www.zonta.org](http://www.zonta.org) Thank you for applying for this scholarship. *We wish you the best of luck in your educational endeavors.*

ZONTA CLUB OF LINCOLN  
WOMEN'S CAREER SCHOLARSHIP

APPLICATION

Please print in black ink or type.

All blanks must be completed. Use N/A (Not Applicable) where the data requested is not applicable to you. Whenever a separate sheet is necessary, please include your name at the top.

PERSONAL INFORMATION

Full Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-Mail \_\_\_\_\_

Present Address: \_\_\_\_\_

Street Address

City State County Zip Telephone

Permanent Address: \_\_\_\_\_

Street Address

City State County Zip Telephone

Date of Birth: \_\_\_\_\_

EDUCATIONAL INFORMATION

Current Academic Classification

\_\_\_ H.S. Senior \_\_\_ College Freshman \_\_\_ College Sophomore \_\_\_ College Junior

\_\_\_ College Senior \_\_\_ Masters Candidate \_\_\_ PH. D. Candidate

Past Zonta Scholarship recipient? \_\_\_ Yes \_\_\_ No If so, what year \_\_\_\_\_

What is your professional goal? \_\_\_\_\_

What is your course of Study? \_\_\_\_\_

What led you to choose this field? \_\_\_\_\_

What school will you attend this fall? \_\_\_\_\_

Full or Part-time \_\_\_\_\_ Expected date of graduation \_\_\_\_\_

If part-time, what else will you be doing? \_\_\_\_\_

List in chronological order all schools attended beyond elementary school, addresses and degrees or diplomas granted.

<u>Name of School</u>	<u>Address</u>	<u>Degree</u>

What honors (academic or otherwise) have you received and when?

---



---



---

**OCCUPATIONAL INFORMATION**

List all jobs you have held for the past three (3) years (dates, employer, and type of work).

<u>Employer</u>	<u>Duty</u>	<u>Dates</u>	<u>Full/Part-Time</u>

**LEADERSHIP ROLES & ACTIVITIES (Community and School)**

List and describe in detail your involvement in organized **community activities** (4-H, church groups, lodge, scouts, Y, etc.) indicate the scope of leadership positions/responsibilities you assumed. Feel free to elaborate on a separate sheet not to exceed one typewritten page, Times New Roman, 11-point font.

---

List and describe in detail your involvement in all **school activities**, high school and college (athletics, clubs, programs, publications, student officers, etc.). Indicate the scope of leadership positions/responsibilities you assumed. If not currently in school, how have you been occupied since leaving? Feel free to elaborate on a separate sheet not to exceed one typewritten page, Times New Roman, 11-point font.

---

**CONFIDENTIAL INFORMATION (Required)**

Who is the primary contributor to your support? If parent(s) are the primary contributor, complete Section A. If student and/or spouse is the primary contributor, complete Section B.

A. Parent(s):

Father's name \_\_\_\_\_

Approximate Annual Income \_\_\_\_\_

Mother's Name \_\_\_\_\_

Approximate Annual Income \_\_\_\_\_

Number and Ages of Siblings/Children \_\_\_\_\_

How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

B. Self-and/or Spouse:

Spouse's Name \_\_\_\_\_

Approximate Annual Income \_\_\_\_\_

Number and ages of children \_\_\_\_\_

How many in school? \_\_\_\_\_ How many in college? \_\_\_\_\_

Who is the primary contributor to your support? Self or spouse? \_\_\_\_\_

Do you contribute to the support of any other person(s) or have other financial obligations? If so, please explain (Example: current loans, amount and when due. Also indicate any unusual circumstances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below list your resources and anticipated expenses for the coming school year:

<u>Resources</u>	<u>Annual Expenses</u>
Personal Savings _____	Tuition & Fees _____
Assistance from parent _____	Room _____
Assistance from others _____	Board _____
Employment _____	Books & Supplies _____
Loans _____	Transportation _____
Other scholarships, grants awarded: _____	Personal* _____
	Other costs _____
	*Includes clothing, linen, laundry, recreation, medical
TOTAL RESOURCES _____	TOTAL EXPENSES _____

FINALLY, as part of your application, please submit: **Due no later than Saturday, May 30, 2026.**

1. At least **two letters of reference**. Please select from a teacher, counselor, employer, supervisor, or clergy. References may not be relatives of the applicant. Letters of reference should be sent directly to: Jeanie Beccue, Acting Chairman, Zonta Club of Lincoln Scholarship Committee, 10 Lamplighter Circle, Mt. Pulaski, IL 62548 or emailed to zonta63388@gmail.com. They may also be included in sealed envelopes with the application.
2. Profile of yourself, stressing the factors relevant to your choice of occupation and your goals for the future. Please detail the qualifications you feel you possess to pursue your education in your chosen profession. Provide any additional information that you feel the committee should know about you and why you should be considered for this award. Limit your profile to one typewritten page, Times New Roman, 11-point font.
3. An *official* high school transcript **and** college transcript (if applicable) including certification of your rank in your high school class and ACT or SAT score. (Forms to use are enclosed.)
4. Official proof of acceptance (if not currently enrolled) from the educational institution you will attend.
5. The award will be applied toward tuition, fees, room and board, or books and will be sent directly to the school authorities as designated by the scholarship recipient in two (or three, if applicable) equal payments.

**CONSENT FOR RELEASE OF INFORMATION**

I hereby consent to the release of any information in connection with the forgoing that in the sole judgment of the Zonta Scholarship Committee may be of assistance in evaluating my scholarship application since it is my understanding that the information will be used solely for the evaluation of my application for scholarship and for no other purpose.” “I hereby certify that to the best of my knowledge, the above information is correct and complete.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note: Interviews will be held on Saturday, June 6, 2026.  
Applicants MUST participate in the interview if selected as a finalist for this award.**

**ZONTA CLUB OF LINCOLN  
WOMEN'S CAREER SCHOLARSHIP**

(Should be completed by school you are attending)

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(Administrator of School)

\_\_\_\_\_  
(Name of School)

From: \_\_\_\_\_  
(Applicant)

As part of my application for the Zonta Scholarship, please complete the following information pertaining to my records and submit it with a copy of my transcript to the address noted at the bottom of this sheet:

Year of Graduation \_\_\_\_\_

Number in graduating class \_\_\_\_\_

Copy of official transcript is enclosed.

\_\_\_\_\_  
(Signature of Authorized Official) (Date)

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Send or email this form with transcript to:

Jeanie Beccue, Chairman  
Zonta Club of Lincoln Scholarship Committee  
10 Lamplighter Circle  
Mt. Pulaski, IL 62548,  
or email to: zonta63388@gmail.com

Questions: Ph: 217-792-5966