

Zonta Club of Trenton/Mercer
P.O. Box 5488
Trenton, NJ 08638-0488
Chartered April 25, 1931
District 3, Area 2, Club # 112
www.zontatrenton.org

GRACE BRAUNINGER SCHOLARSHIP GUIDELINES AND CRITERIA

1. Full or part time student
2. Female
3. 25 years or older
4. Resident of Mercer County and attending a school in the State of New Jersey
5. Matriculated in:
 - Baccalaureate or Associate Program with a minimum successful enrollment of one semester in that program;
 - Professional School of Nursing with a minimum of one year completed; or
 - Graduate Program.
6. Please provide the following documentation:
 - Application
 - Verification of current school enrollment
 - Financial Aid form
 - Copy of your signed tax return

**APPLICATION MUST BE RECEIVED BY
June 15, 2016**

Email: zontatrenton@aol.com

Fax: 609-528-4052

**Grace Brauninger Scholarship Committee
Zonta Club of Trenton/Mercer
P.O. Box 5488
Trenton, NJ 08638-0488**

**PAYMENT OF THE SCHOLARSHIP AWARD WILL BE MADE DIRECTLY
TO THE APPLICANT, NOT TO THE SCHOOL.**

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GRACE BRAUNINGER SCHOLARSHIP APPLICATION

This application is designed to collect information about your background, financial need and future plans. Your responses are confidential. The selection of scholarship recipients will be influenced by the completeness of replies.

PLEASE TYPE OR PRINT

Name: _____ Social Security # _____

Permanent Address: _____
(Street)

(City, State and Zip Code)

Current Mailing Address: _____
(Only if different from above)

Telephone: (_____) _____ Date of Birth: _____ Age: _____

Academic Institution Currently Attending: _____

Enrollment Status During Academic Year of 2015-2016: Full Time Part Time

Highest Level of Education Completed: _____ Credits: _____

Currently Working Towards: _____ Degree: _____

Major Field of Study: _____

Intended Career: _____

Cumulative Grade Point Average: _____

EMPLOYMENT HISTORY:

List below in order (most recent first) the jobs you have held. Include part time jobs, volunteer positions, and military service.

Employer/Location	Job Title/Function	From-To
1. _____		
2. _____		
3. _____		
4. _____		

COMMUNITY INVOLVEMENT/ACTIVITIES: _____

FAMILY AND FINANCIAL INFORMATION:

1. Number of Members in Household (include yourself): _____
2. Number of Household Members currently attending college: _____
3. Number of Household members under age 18: _____
4. Number of Wage earners in the household: _____
5. Total Taxable Household Income: _____
6. Estimated total cost of YOUR current year’s college expenses: _____
(e.g. include tuition, fees, books, room/board, if applicable, etc.)
7. Other financial assistance you are/will be receiving:
\$ _____ Grants \$ _____ Financial Aid
\$ _____ Loans \$ _____ Other Scholarships

8. Describe any special circumstances in addition to the information already supplied, which explains why you are seeking this financial assistance. (Attach a separate sheet if necessary).

9. List any scholastic awards and honors:

List any other awards/recognitions:

Are you available for an interview? : _____

In the space provided, describe your current and future goals and how this scholarship would help you achieve them.

CERTIFICATION: All of the information on this form is true and complete to the best of my knowledge.

Signed: _____ Date: _____