ZONTA INTERNATIONAL
EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

Zonta International Recommendation for the Women in Technology Scholarship

Please return this form by: _____

_____
Applicant's Signature is required

Applicant: _____
Last (Family) Name **First** **Middle**

Recommendation from: _____ _____
Name **Position/Title**

_____
College/university/institute/employer

The applicant above has applied for a Zonta International Women in Technology Scholarship. The Zonta International Women in Technology Scholarship Evaluation Committee 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 the technology related program. You may write your recommendation letter on letterhead of your choice, sign and must submit 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**

_____ _____
Signature is required Date