



**January 2018**

**ADDRESSED TO:** Women Pursuing a Degree in a Medical Field

**AWARD:** A sum not to exceed \$1,500 will be deposited in the recipient's education account in one payment of \$1,500.

**PURPOSE:** The DEBORAH ROBERTS SCHOLARSHIP, in honor of a former President of the Zonta Club of Redlands, has been established to aid a woman who is PURSUING A DEGREE IN A MEDICAL FIELD and who may be in need of financial aid to support her educational expenses.

**REQUIREMENTS:**

1. The recipient must be female.
2. The recipient must be enrolled AS A FULL-TIME STUDENT and in good standing at an accredited institution of higher learning before funds will be released.
3. There is no age requirement.
4. THE RECIPIENT MUST BE WORKING TOWARD A DEGREE IN A MEDICAL PROFESSION.
5. Financial need will be a consideration.
- 6.

**HOW TO APPLY:** An application is available on the [zontaclubofredlands.com](http://zontaclubofredlands.com) website under Scholarships.

**DEADLINE:** Send your completed application to Zonta Club of Redlands Scholarship Committee, P.O. Box 7785, Redlands, CA 92375. Your application, transcripts, and letters of recommendations must be received by March 16, 2018.

**SELECTION:** The Scholarship Committee will require a personal interview and you will be contacted of the date, time and place. A final decision will be made by May 13, 2018 and the recipient will be notified.



**Zonta of Redlands  
Deborah Roberts and Edna Steinman Scholarship Application**

**Please answer all questions as completely as possible. Please click on each line to type.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**University, College, Program attending:** \_\_\_\_\_

**Name of Scholarship you are applying for:** \_\_\_\_\_

\_\_\_\_\_

**1. Indicate, as specifically as possible, your eligibility for this award, and tell why you believe it should be awarded to you.**

**2. List the sources and amount of financial aid currently committed to you.**

**3. Indicate your planned educational goals.**

**4. Summarize your short-range and long-range career plan.**

**5. How do you plan to give back to your community once you have achieved your educational goals**

**Please provide:**

**Two letters of Recommendation (Academic and/or Work)**

**Transcripts**

**Statement of Accuracy**

**I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also agree to attend one Zonta function to be introduced as a recipient of a scholarship.**

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**REMEMBER**

**The deadline for scholarship application to be postmarked by  
16 March 2018.**

**Please mail applications to:**

**Zonta Club of Redlands  
Attention: Sandra Arsenault,  
P.O. Box 7785, Redlands, CA 92375.**