Zonta International Recommendation for the Women in STEM Scholarship

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/employer

The applicant above has applied for a Zonta International Women in STEM Scholarship. Zonta International 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 a STEM-related program. You may write your recommendation letter on letterhead of your choice, but you must sign and submit letter 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**

_____ _____
Referee's 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:**	