



MAFDA

Mid-Atlantic Fastener Distributors Association

Scholarship Application



**MAFDA
Scholarship Committee**

2017

Instructions and Information for 2017

ELIGIBILITY

- A *dependant* child (age 26 or under) whose parent (sponsor) is employed for a minimum of one year by a MAFDA member company*, in good standing with the MAFDA for a minimum of one year, and who will be attending a post secondary education program full-time during the upcoming academic year.
- An employee of a MAFDA member company*, in good standing with the MAFDA for a minimum of one year, who has been with said company for a minimum of one year, and works a minimum of twenty (20) hours per week and who will be attending a post secondary education program during the upcoming academic year with a minimum of six credit hours per term.
- Previous MAFDA scholarship winners are not eligible.

* Employee or Parent must work for the actual facility or branch that is a member of MAFDA.

SELECTION CRITERIA

- Awards are based on an applicant's academic record.
- School activities, community involvement and essay submissions.
- Financial need and work experience.

INFORMATION

- ✓ All applications must be received by **April 15, 2017**.
 - ✓ All applicable sections must be completed.
 - ✓ Incomplete applications may not be considered eligible for scholarship awards.
 - ✓ High school students must submit a copy of their official letter of acceptance to an accredited post secondary education program as well as a certified copy of their academic record including G.P.A., class rank and SAT / ACT scores.
 - ✓ Applicants currently enrolled in college must submit a copy of their transcript.
 - ✓ Two letters of recommendation must be submitted with all applications.
 - ✓ Applications must include a copy of the tuition bill for the upcoming term. If one is not available the most recent bill will suffice if the applicant provides proof of enrollment.
 - ✓ Please note that all scholarship funds will be paid directly to the student and parent & made payable to them both.
 - ✓ All Scholarships will be awarded on May 24, 2017 at the Annual Golf Outing.
- Please direct all completed applications or questions to:

Barbara Shimer, MAFDA
c/o SRI
112 Oscar Way
Chester Springs, PA 19425

email: contactus@mafda.com

Phone: 610-321-0900 ext 115

MAFDA Scholarship Application

Personal Information: (Please print)

Name: _____

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: ___ / ___ / ___ Phone: _____ Fax: _____

Email: _____

Sponsor Firm Information: (Please print)

Company Name: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Fax: _____ Date Hired: _____

Employee Member: _____ Relationship: _____

Position: _____ Hours worked: _____

Education: (Please print)

School you currently attend: _____
(Name)

(Address) (Street & Number) (City) (State) (Zip)

Date (or anticipated date) of graduation: _____

Type of degree (if applicable): _____

Highest Grade completed: _____

Name and location of college(s) for which you have applied, or have been accepted to:

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Please list your school, community, volunteer, personal and family activities in the order of its interest to you. Include specific events and/or major accomplishments. Please include the year participated and the duration of participation.

Activities: (Please print)

Paid Work or Internship Experience:

(Please include company name, reference name and phone number, job description and hours worked)

Financial Aid: Please list any financial aid for which you have been approved, as well as the amount. This includes private scholarships, college grants, loans, work-study programs, federal Pell Grants, Stafford Loans, or any other federal, state, business or local financial assistance for college undergraduates.

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Do you plan to work during the academic year to help cover expenses? _____

If yes, please indicate the approximate number of hours per week and anticipated annual earnings.

Self Description:

Please include an essay describing your personal qualifications and goals and the reason for applying for a scholarship. Please limit the essay to 500 words or less and attach to this application.

Extraordinary Circumstances:

If a special hardship or other extraordinary circumstances exist which would hinder your ability to afford college or a higher educational/vocational facility, please describe your situation in a brief essay and attach to this application.

Applicant's Statement:

I affirm that all information contained in this application is true and correct. I understand and agree that any scholarship awarded will be made only if I am officially accepted at an accredited college, university, or higher educational/vocational learning center and provide a copy of the acceptance letter to the MAFDA Scholarship Committee. I authorize any college, university, higher educational learning/vocational center, individual, or other source named herein to release any biographical, financial, or academic data concerning me to the MAFDA Scholarship Committee or its authorized representatives.

Applicant's Signature: _____ Date: _____

Applicant's Name (print): _____

Sponsor's Name (print): _____ Date: _____