



***MAFDA***

# **Mid-Atlantic Fastener Distributors Association**

***Scholarship Application***



**MAFDA  
Scholarship Committee**

**2018**

# Instructions and Information for 2018

## 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, 2018**.
  - ✓ 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 at the Annual Golf Outing tentatively scheduled for May 17, 2018.
- Please direct all completed applications or questions to:

Barbara Shimer, MAFDA  
c/o SRI  
112 Oscar Way

email: [contactus@mafda.com](mailto:contactus@mafda.com)

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# MAFDA Scholarship Application

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)**

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**Paid Work or Internship Experience:**

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

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**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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# MAFDA Scholarship Application

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.

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## 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: \_\_\_\_\_