

MAFDA

MID-ATLANTIC FASTENER DISTRIBUTORS ASSOCIATION

Proudly Supporting the Fastener Industry Since 2003



Scholarship Application



**MAFDA
Scholarship Committee**

2024

Instructions and Information for 2024

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, 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, 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 postmarked by **March 15, 2024**.
 - ✓ 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 you do not have one yet, a printout from the institution's website will suffice, if you provide proof of enrollment.
 - ✓ Please note that all scholarship funds may be paid directly to the student and parent & made payable to them both.
 - ✓ All Scholarship winners will be notified by mail/email by May 1, 2024.
- Please direct all completed applications or questions to:

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

email: bshimer@srifast.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:

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)

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.

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.

Self Description:

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: _____