

# MAFDA

*MID-ATLANTIC FASTENER DISTRIBUTORS ASSOCIATION*

Proudly Supporting the Fastener Industry Since 2003



## *Scholarship Application*



**MAFDA  
Scholarship Committee**

**2026**

# **Instructions and Information for 2026**

## **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 20, 2026**.
- ✓ 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 April 1, 2026.

• 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](mailto: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: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**Sponsor Firm Information: (Please print)**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Number) \_\_\_\_\_ (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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## 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)

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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:**

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 Employee Name (print): \_\_\_\_\_ Date: \_\_\_\_\_