Must be received by June 1st.

MAIL TO:

MFDA • 233 Rock Road, #205 • Glen Rock, NJ, 07452

or email: mfdaboard@gmail.com

Applicant:

Last Name: _____

First Name: _____

Date of Application: _____

MFDA Company : _____

Child of Employee ☐ Employee ☐

Instructions and Information

Eligibility

- **A child whose parent or guardian is employed by an MFDA member firm, excluding children of officers and principals,** entering their freshman year of college with a full course load.
- **Employees of MFDA member firms, excluding owners, managers, officers, and their families,** working at least twenty (20) hours per week and taking a minimum of six (6) credit hours per semester at an accredited college, university, or higher educational learning/vocational center.

Selection Criteria

- High school academic records including SAT/ACT scores.
- Essay, school activities, community involvement and work experience.
- Financial need will be considered, as a secondary factor.

Information

1. ***All Applications Must be Received No Later than June 1st.***
2. Include a picture with your application for press publicity. (not required)
3. All appropriate sections of the application MUST be completed.
4. It is each applicant's responsibility to be certain that a company sponsor signs the application before it is submitted to the MFDA Scholarship Committee.
5. Scholarship applicants MUST submit a copy of their official letter of acceptance or review for acceptance to an accredited college, university, or higher educational/vocational learning center in order for the application to be processed and a scholarship awarded.
6. Current college students must be employees of an MFDA member firm in order to be eligible for a scholarship.
7. Past scholarship winners are not eligible to reapply.
8. **For 2020, Scholarship awards will be sent directly to the students.**

Questions? email: mfdaboard@gmail.com

MFDA Scholarship Application

Personal Information: *(please print)*

Name _____ Address _____

City _____ State _____ Zip _____

Home Phone ( ) _____ Fax: ( ) _____

Email _____

Sponsor Company Information: *(please print)*

Firm Name _____

Address _____ City _____

State _____ Zip _____ Phone ( ) _____ Fax: ( ) _____

Email _____

If you are requesting a scholarship as an employee of an MFDA member firm: *(please print)*

Position held: _____ Date Hired: _____ Hours worked per week: _____

Does your firm offer tuition reimbursement? Yes ☐ No ☐

If you are a high school senior (child of a fastener industry employee): *(please print)*

Name of parent or guardian employed by the MFDA member firm: _____

Position held: _____ Date Hired: _____ Hours worked per week: _____

Does their firm offer tuition reimbursement? Yes ☐ No ☐

Application Requirements

High School Seniors

1. An official transcript of your high school grades, including class ranking. Include the first half of your senior year.
2. Two letters of recommendation from your high school teachers and/or advisors.
3. An official transcript of your SAT and/or ACT scores.
4. A letter of acceptance from one accredited college to which you have applied for admission, (if you have not yet received an acceptance, enclose a letter from at least one college indicating your application is under review).
5. A 500-word essay indicating your reason for applying for a MFDA scholarship. (Hint: Include your personal goals.)

Employees of Member Firms

1. An official transcript of your current grades if you are currently enrolled in an accredited college.
2. A letter of acceptance from one accredited higher educational facility, if you are an entering student.
3. Two letters of recommendation (preferably at least one from your supervisor at work).
4. A 250-word essay indicating your reason for applying for a MFDA scholarship, including your personal goals.
5. Must be employed by the member firm for at least one (1) year.

*Essay Format: Line spacing: 1½ lines
Font: Times New Roman #12 Pitch

Education *(please print)*

A. Name & address of the school you currently attend: Name _____

Address _____City _____ State _____ Zip _____

B. Type of School: Public ☐ Private ☐ Parochial ☐

C. Date (or anticipated date) of graduation: _____ Type of degree (if applicable): _____

D. How is your school's grade point scale calibrated: A= _____ B= _____ C=_____ D= _____ F=_____

E. Does your school adjust grade point averages for honors and/or advanced placement courses?

Yes ☐ No ☐ If yes, A=____B=_____C=____D=____F=____

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

_____

_____

_____

Please list your school, community, and family activities in the order of its interest to you. Include specific events and/or major accomplishments. If this occurred during the summer, please indicate with an "*".

Personal/School Related Activities	Grade Levels Participated 9	10	11	12	Positions Held/Awards Earned/ School Letters Awarded/College Credits Earned

Volunteer Activities	Grade Levels Participated 9	10	11	12	Positions Held/Awards Earned/ Commendation Letters Awarded

Paid Work or Internship Experience: List any jobs, including summer employment, you have held in the last three years.

Company Name	Ref. Name & Telephone No.	Dates Hrs./Week	Job Description

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.

Description of Source of Funds/Scholarship	**Amount**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you plan to work during the academic year to help cover expenses? Yes ☐ No ☐
If yes, please indicate the approximate number of hours per week and anticipated annual earnings.

No. of hours worked during school: _____ Anticipated Earnings: $ _____
No. of hours worked during school break: _____ Anticipated Earnings: $ _____

Are there other persons dependent on your earnings? Yes ☐ No ☐
If Yes, indicate the relationship and the extent of your support.

_____

_____

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 250-word essay and attach to this application.
* (***Follow Essay format page 1***)

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 will provide a copy of the acceptance letter to the MFDA 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 MFDA Scholarship Committee or its authorized representatives.

Applicant's Signature _____ Date _____

Applicant's Name (print) _____

Sponsor's Signature _____ Date _____

Name & Title of Sponsor at MFDA Member Firm (print) _____

Did You Include?

☐ Signed School Transcript ☐ All Applicable Essays ☐ College Acceptance Letter

☐ SAT/ACT Transcript/Scores ☐ Picture (for publicity) ☐ All Signatures

☐ Signed Transcripts of college credits (if applicable) ☐ Letters of Recommendation

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