

Must be received by May 1st.

# MAIL TO:

MFDA • P. O. Box 72 • Lake Zurich, IL 60047

# **Applicant:**

Last Name:	<del> </del>
First Name:	
Date of Application:	<del></del>
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 May 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.
- 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.
- Scholarship awards will be given directly to the students at the Annual MFDA Scholarship Meeting.

## Questions??

Contact: Barb Traum Scholarship Chair Brighton Best Int'l. (856) 467-3774

## MFDA Scholarship Application

Personal Information: (please print)

Name	Addre	ss		
City			State	Zip
Home Phone(  )	Fax: ( )			
Email				
Sponsor Company Information: (pleas	e print)			
Firm Name				
Address	City			
State Zip F	Phone ( )	Fax:	( )	
Email				
If you are requesting a scholarship as an e	employee of an MFDA membe	r <b>firm:</b> (please pri	int)	
Position held:	Date Hi	·ed:	Hours worked pe	r week:
Does your firm offer tuition reimbursement?	Yes No			
lf you are a high school senior (child of a f	astener industry employee): (	please print)		
Name of parent or guardian employed by the	MFDA member firm:			
Position held:	Date Hired:		_ Hours worked p	er week:
Does their firm offer tuition reimbursement?	Yes No 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 sch	ool you currer	ntly attend	: Name _					
Address					City		State	Zip
B. Type of School: APublic A	ÄPrivate Æ₩₩	Parochial						
C. Date (or anticipated date) o	f graduation:		Тур	oe of degre	e (if applicable	e):		
<b>D.</b> How is your school's grade point scale calibrated: A=				B=	C= D=	F	=	
E. Does your school adjust gra	ide point aver	ages for h	nonors an	d/or advar	ced placemen	t courses?	?	
Yes No If yes, A=	=B=	_C=[	D=F:	=				
F. Name and location of colleg	e(s) for which	you have	applied,	currently a	ttend, or have	been acce	epted to:	
Please list your school, commu accomplishments. If this occur						. Include s	specific events	s and/or major
Personal/School   Grade Levels Participated   Positions Held/Awards Earned/						d/		
Related Activities	9			12	School Letters		s Awarded/College Credits Earn	
Valuataaa	C ===		Doublein		Docition	a  a  / /	November Former	47
Volunteer Activities	9	Grade Levels Part 9 10 1			Positions Held/Awards Earned/ Commendation Letters Awarded			
		I	1					
			•		·			
Paid Work or Internship Exp	erience: List	any jobs,	including	summer e	employment, yo	ou have he	eld in the last	three years.
Company Name	Re	ef. Name 8	& Telepho	ne 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 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: \$ No Are there other persons dependent on your earnings? Yes 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) \_\_\_\_\_ Date \_\_\_\_\_ Sponsor's Signature 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

Application must be received by May 1st.
Send to: MFDA • P. O. Box 72 • Lake Zurich, IL 60047

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