



**2023 Application for Scholarship**  
(Application Must Be Typed or Download from mwfa.net)

**I. Applicant Personal Information**

\_\_\_\_\_  
First Name Middle Initial Last Name

\_\_\_\_\_  
Address (Number and Street) City or Town County State Zip

\_\_\_\_\_  
(Area Code) Phone Number Age Date of Birth (M/D/YYYY)

E-Mail: \_\_\_\_\_

Male \_\_\_\_\_ Veteran (Y/N) \_\_\_\_\_ Marital Status

Female \_\_\_\_\_ U.S. Citizen(Y/N) \_\_\_\_\_ Total Dependents

\_\_\_\_\_  
Spouse's First Name Middle Initial Last Name

Do you anticipate a marital or dependent status change for this year? Yes No

\_\_\_\_\_  
Present Employer Years Employed

Applying as: Child of employee Spouse of employee Employee

**II. MWFA Sponsor**

\_\_\_\_\_  
MWFA Member Company

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Address Number and Street City or Town State Zip

\_\_\_\_\_  
(Area Code) Phone Number

Should this student be awarded a scholarship, please tell us where you would like the company letter of notification e-mailed (such as H.R. Dept, Manager, parent etc.):

\_\_\_\_\_  
Name & E-mail

**III. Family Information** (need not be completed if you are MWFA Member Company employee applying)

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Father's First Name	Middle Initial	Last Name
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Mother's First Name	Middle Initial	Last Name
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Father's Address Number and Street	City or Town	State	Zip
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Mother's Address Number and Street	City or Town	State	Zip
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Father's Residence Phone / Business Phone	Mother's Residence Phone / Business Phone
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Father's Employer	Address Number and Street	City or Town	State	Zip
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Mother's Employer	Address Number and Street	City or Town	State	Zip
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E-Mail of parent of MWFA Member Company

**IV. Applicant Statement and Authorization**

I hereby acknowledge that the information contained in this Application is true and correct. I understand and agree that any scholarship award is applicable only if I am officially accepted at an accredited college or university and actually register for a sufficient course load to qualify at such institution as a full time student or minimum of six hours if employed in the fastener industry.

I authorize any college or university listed herein to release any biographical, financial or academic data concerning me to the MWFA Scholarship Committee or its authorized representative. A photo copy of this Statement and authorization may serve as an original for such purposes. I understand that any scholar-ship award will be paid directly to the college or university in which I register.

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Date	Applicant's Signature
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Date	MWFA Sponsor (MWFA Member Company)
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Sponsor's Signature & Title (Representative from Management of sponsoring company)

**V. General Information**

How many brothers and sisters do you have? \_\_\_\_\_

Comment on any health factors, physical or emotional, of which you believe the MWFA Scholarship Committee should be aware.

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

**VI. Educational Background** (Complete all blanks)

List in chronological order each college, university, and high (secondary) school you have attended and complete the requested data. Transcript copies are necessary (High School and College, if applicable) and must be submitted.

Name of School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attendance Date (To/From) \_\_\_\_\_ Grade or Grade Point Average\* \_\_\_\_\_

Class Rank out of \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attendance Date (To/From) \_\_\_\_\_ Grade or Grade Point Average\* \_\_\_\_\_

Class Rank out of \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attendance Date (To/From) \_\_\_\_\_ Grade or Grade Point Average\* \_\_\_\_\_

Class Rank out of \_\_\_\_\_ Date of Graduation \_\_\_\_\_

Name of School \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Attendance Date (To/From) \_\_\_\_\_ Grade or Grade Point Average\* \_\_\_\_\_

Class Rank out of \_\_\_\_\_ Date of Graduation \_\_\_\_\_

\*Indicate grade point equivalence i.e., 4.0=A or 5.0=A

**VII. Educational Data**

(A) List or state the date you took or will take and score(s) for the following:

Scholastic Aptitude Test (SAT): \_\_\_\_\_ Date \_\_\_\_\_ Composite Score \_\_\_\_\_

American College Test (ACT): \_\_\_\_\_ Date \_\_\_\_\_ Composite Score \_\_\_\_\_

**VII. Educational Data**

(B) Grade or Grade Point Average through: High School \_\_\_\_\_ College (If Attending) \_\_\_\_\_

(C) List any honors, awards, offices, achievements and extra-curricular activities in which you have been involved (high school and college only). List the institution and year.

(D) State briefly the course of study and areas of academic interest you intend to pursue.

**VIII. Educational Purpose and Budget Plans**

(A) List the colleges/universities you desire to or will attend in order of preference.

School Name	Address	Area of Study

(B) Do you plan to work during the school term(s)? \_\_\_\_\_ If yes, hours per week? \_\_\_\_\_

**VIII. Educational Purpose and Budget Plans (continued)**

(C) Do you plan to live off or on campus? (If you will reside at home, with parent(s) or relative, please state your plans).

(D) Do you have any other scholarships, grants or financial assistance other than loans and family resources to assist you for this academic year?    Yes                      No

If "Yes," please list name, source, amount and duration of such financial assistance.

(E) Do you plan to apply for other financial assistance including student loans?    Yes                      No

If "Yes," please list what other financial assistance you intend to seek and the dollar amount or extent of assistance for which you have or plan to apply.

(F) List the estimated expenses you anticipate incurring at the institutions you listed at paragraph VIII. (A) above.

Institution Name	Total Tuition Cost Per Year	Room & Board Cost Per Year	Misc. Fees Per Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## **IX. Written Statement of Educational Goals and Scholarship Purpose**

*(Essay is Mandatory)*

The MWFA Scholarship Committee desires to know you as well as possible for scholarship purposes. Please complete an essay below, in your own words, with several paragraphs about your academic and educational goals, purposes and future plans.

## **MWFA Scholarship Rules\***

1. The only eligible applicants are the son or daughter (natural, step, or dependent child) as well as spouse of an employee of a MWFA member who is in good standing with their dues. This applies to all members who have been members for at least one calendar year.
2. Employees applying for a scholarship must be employed by the member company for at least one year, prior to the time of the application deadline, and taking a minimum of six credit hours per semester.
3. For the upcoming Fall Semester, the applicant must be a high school senior or currently enrolled in college. The applicant or parent must be employed by a MWFA member company until the November meeting date when the scholarship is awarded.
4. Scholarship checks will be paid directly to the school where the applicant is enrolled.
5. Student must be attending or planning to attend a college or university full time or part time (as specified in rule 2 above) if an employee applying for scholarship.
6. Children of Scholarship Committee members are not eligible.
7. Once a student has been awarded a MWFA Scholarship, they are not eligible to apply for another MWFA Scholarship in the future. This award will be for a one-time minimum \$1,500 Scholarship.
8. The Scholarship Committee will evaluate applications based on pages 3 through 6. Applicant's name and sponsored company information will not be given to the committee during the selection process.
9. All applications and supporting documents must be postmarked or emailed by September 1st, no hand deliveries.
10. Entire scholarship application must be typed, handwritten applications will not be accepted.
11. Applications must be sent to the following address or emailed to [mwfa@ameritech.net](mailto:mwfa@ameritech.net)  
MWFA Scholarship Committee  
P. O. Box 5  
Lake Zurich, IL 60047
12. Scholarships will be awarded in November.
13. TRANSCRIPTS MUST BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED. It is the responsibility of the student to be sure transcripts are received by the MWFA office. Lack of transcripts invalidates application. Students may contact MWFA office ([mwfa@ameritech.net](mailto:mwfa@ameritech.net)) to verify transcripts have been received. An unofficial transcript must be followed by an official transcript.
14. Scholarships must be claimed within eighteen months after receipt. Those not claimed will result in the funds being returned to the scholarship fund.

*\*Rules may be revised from year to year. Be sure to complete application for correct year.*