GAWDA
2020
SCHOLARSHIP APPLICATION PACKAGE

Managed by GAWDA,
One Oakwood Blvd, Suite 195
Hollywood, FL 33020
GAWDA Foundation Scholarship
Introduction

The GAWDA Foundation Scholarship was created in 2011 for the purpose of providing support to recipients during their formal education. The amount available varies from year to year.

The GAWDA Foundation Scholarship is available to children and employees of active GAWDA member companies. The goal of the GAWDA Foundation is to promote education within the Gases and Welding Industry. Therefore, the Trustees make the decisions regarding use and distribution of the funds available.

Eligibility

The GAWDA Scholarship will be awarded to children and employees of active GAWDA member companies. All applicants must meet the following eligibility requirements (the requirements listed are just for your consideration). The selection committee should review these sample requirements and include additional requirements you feel will establish your desired applicant pool.

1. Applicant must be a minimum of eighteen years of age.
2. Applicant must have at least a high school diploma.
3. Applicant must have a “2.5” overall grade point average if pursuing a degree program.
4. Applicant must provide a letter of reference indicating how they will use their related education.
5. Student may be enrolled full time or part time.
6. For students with a financial need, Proof of financial need is required to qualify for special consideration.
   See section labeled Consideration for “Financial Need”
7. Applicant must submit all required application information
8. Applicant must be a citizen or legal resident of the United States and plan to attend an academic institution located within the United States.
9. Applicants may reapply. Persons who have received this award may reapply for future consideration.
10. Persons may not be considered if the GAWDA company membership lapses.

The Foundation does not discriminate by age, race, color, national origin, disability, creed, or gender.

2020 Awards - This year there are 15 awards of $2,000 for selected GAWDA recipients.

All awards are for tuition fees only and will be paid in one of two ways:

• For students that qualify for “financial need” consideration, fees will be paid directly to the academic institution by the Foundation.
• All other awards may be paid to the recipient only after proof of successful course completion and receipt of payment made to the academic institution.
GAWDA Foundation Application Information

Procedure
Applicant must submit the following:

1. Application (form)

2. A letter of reference from the GAWDA member company supervisor or human resource documenting employment verification and/or relationship of student to GAWDA Member Company.

3. Personal Statement (should be 300-500 words in length, typewritten, and double-spaced) documenting your ambitions, goals, leadership, and any other factors to assist the committee in judging your eligibility.

Other factors you may want to highlight:
- Demonstrated timeliness and completion of assignments
- Creativity in solving problems
- Demonstrated responsibility on own initiative
- Ability to work well with others
- Organizational skills (ability to handle multiple tasks, time management)
- Participation in class, campus and outside organizations
- General Background information
- Career Objectives

4. Original Official Transcript(s) sent directly from the college or university: high school students entering their first year program must provide an original official high school transcript.

Consideration for “Financial Need”
Verification of Enrollment completed by college or university

Please note: Recipients will be asked to submit a 5 x 7 head and shoulders color photograph for publicity purposes.

Deadline
Deadline for application is March 4, 2020.

For More Information
Please contact:
GAWDA
One Oakwood Blvd., suite 195
Hollywood, Florida 33020
954-367-7728, extension 230
Fax – 954-367-7790
GAWDA Foundation Scholarship Application

Deadline for Submission: Please Return To:
Postmarked by March 4, 2020  GAWDA

GAWDA
One Oakwood Boulevard, Suite 195
Hollywood, Florida 33020

Student ID Number _____________________ GAWDA Member Company ________________________________

Applicant’s Name ___________________________ Email address ________________________________

Current Address

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

Home Phone Number ( ) ________________

Are you at least 18 years of age? _____ if no, please give your age ___

Are you a U. S. Citizen? Yes_____ No_____ If no, are you a legal US resident? Yes _____ No_____

Are you employed? Yes _____ No ________

If yes, please give the following:

Employer’s Name ______________________________________ Employer’s Phone Number ( ) ________________

Employer’s Address

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Parent/Guardian’s Name __________________________ Parent/Guardian’s Phone ( ) ________________

(If under 18 years of age)

Parent/Guardian’s Address

<table>
<thead>
<tr>
<th>Number</th>
<th>Street</th>
<th>Apt. No.</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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Parent/Guardian’s Employer __________________________ Employer’s Phone Number ( ) ________________

Employer’s Address

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NAME OF COLLEGE OR UNIVERSITY ______________________________________________________________

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<th>Number</th>
<th>Street</th>
<th>City</th>
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Contact at College/University __________________________ Phone Number ( ) ________________

Proposed Major Area of Study ________________________________ Expected Date of Graduation _________

I affirm the information that I have (will) provided on this application, or any supportive materials, is (will be) complete, accurate, and true to the best of my knowledge. I understand that furnishing false information may result in not being considered or revocation of financial aid at some later date.

Signature of Applicant __________________________________________________________ Date ________________

Signature of Parent or Guardian __________________________ If under 18 years of age Date ________________
LIST OF SCHOOLS YOU PREVIOUSLY ATTENDED (From High School through the Present)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*** Attach a transcript from all previous institutions attended ***

WORK EXPERIENCE (Include present and previous employment, and use additional paper if required)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

FINANCIAL AID REPORT (List previous and current educational scholarships, grants, loans, work-study, or student employment.) Attach a copy of your Student Financial Aid Form even if no financial aid was received.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

LIST OF PERSONAL REFERENCES:

<table>
<thead>
<tr>
<th>Name</th>
<th>Street/City/State/Zip</th>
<th>Occupation</th>
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PERSONAL STATEMENT – Attach a supplementary sheet to give information about your ambitions, goals, background, leadership, and any other factors that would assist the committee in judging your eligibility. (300-500 words)
Verification of Enrollment

Dear Admissions/Registrar:

This student is applying for a scholarship from the Gases and Welding Distributors Association. Please complete the information requested below for verification of the student’s acceptance to this academic institution.

In addition, please verify the student’s current enrollment status and total number of hours completed. This information should be included in the student’s scholarship application package. Thank you.

GAWDA

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To be completed by Student:

I authorize the above requested information to be released to GAWDA in connection with my application for a GAWDA Foundation Scholarship.

Academic Institution:

Student Name:

Student ID Number:

Date:

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To be completed by Admissions/Registrar:

Student:

Academic Institution:

Date of Acceptance to this Institution:

Is this student currently enrolled? _____________ Is the student part time or full time? _____________

Course of study currently enrolled:

Number of Academic Hours Completed:

Student State: (circle one) Freshman Sophomore Junior Senior Other

Signature ___________________________ Title ___________________________

Print Name ___________________________ Telephone (_______)_____________