



**GAWDA  
2021  
SCHOLARSHIP  
APPLICATION  
PACKAGE**

**Managed by GAWDA,  
One Oakwood Blvd., Suite 195, Hollywood, FL 33020  
GAWDA Scholarship Program**



## **Introduction**

The GAWDA Scholarship Program 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 Scholarship is available to children and employees of active GAWDA member companies. The goal of the GAWDA Scholarship Program 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.

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 at least 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. Applicant must submit all required application information
7. Applicant must be a citizen or legal resident of the United States and plan to attend an academic institution located within the United States.
8. Applicants may reapply. Persons who have received this award may reapply for future consideration.
9. Persons may not be considered if the GAWDA company membership lapses.

**The GAWDA Scholarship Program does not discriminate by age, race, color, national origin, disability, creed, or gender.**

## **2021 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 directly to the academic institution by GAWDA.**



## **GAWDA Scholarship 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.
  5. Verification of Enrollment completed by college or university

*Please note: Scholarship recipients may be asked to submit a color photograph or video message for publicity purposes.*

### **Deadline**

Deadline for application is April 15, 2021.

### **For More Information**

Please contact:

Bruce Ellenbogen

[bellenbogen@gawda.org](mailto:bellenbogen@gawda.org)

Phone: 954-367-7728, Ext. 230



## GAWDA Scholarship Application

**Deadline for Submission: April 15, 2021**  
(Application Must Be Postmarked by This Date)

**Please Return To:**  
GAWDA  
One Oakwood Boulevard, Suite 195  
Hollywood, FL 33020

Student ID Number \_\_\_\_\_ GAWDA Member Company \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Email address \_\_\_\_\_

Current Address \_\_\_\_\_  
Street City State Zip

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ (Please provide at least one phone #.)

Are you at least 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please provide 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 provide the following:

Employer's Name \_\_\_\_\_ Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Name \_\_\_\_\_ Parent/Guardian's Phone (\_\_\_\_) \_\_\_\_\_  
(If under 18 years of age)

Parent/Guardian's Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian's Employer \_\_\_\_\_ Employer's Phone Number (\_\_\_\_) \_\_\_\_\_

Employer's Address \_\_\_\_\_  
Street City State Zip

**NAME OF COLLEGE OR UNIVERSITY** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact at College/University \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

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

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 \_\_\_\_\_ Date \_\_\_\_\_  
(If under 18 years of age)



**LIST OF SCHOOLS YOU PREVIOUSLY ATTENDED** -- From High School through the Present

*\*\* Please attach a transcript from all previous institutions attended \*\**

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**WORK EXPERIENCE** -- Include current and previous employment; please use additional paper if required.

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**PERSONAL REFERENCES** -- Please provide at least 3 personal references.

Name	Email Address	Occupation	Relationship

**PERSONAL STATEMENT** -- Attach a supplementary sheet providing 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 Scholarship.*

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*Academic Institution*

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*Student Name*

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*Student ID Number*

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*Date*

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**To be completed by Admissions/Registrar:**

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*Student*

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*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 Status: (circle one) Freshman      Sophomore      Junior      Senior      Other

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_