

Women of Gases & Welding (WGW) Educational Grant Application

Eligibility

The WGW Educational Grant will provide financial support to a GAWDA female member to attend the University of Innovative Distribution.

All applicants must meet the following eligibility requirements.

- 1. Applicant must be a GAWDA member or employee of a GAWDA member company
- 2. Applicant must be a female
- 3. Applicant must provide a letter of reference from their employer
- 4. Applicant must submit all required application information
- 5. Applicants may not be considered if the GAWDA membership lapses

All awards are for registration fees paid directly to the University of Innovative Distribution. GAWDA will pay for the travel and hotel expenses.

WGW Educational Grant Application Information

Applicant must submit the following:

- 1. Application form
- 2. A letter of reference from their employer documenting employment verification and recommendation for this grant program
- 3. Copy of Updated Resume
- 4. Personal Statement (should be 400-600 words in length, typewritten, and double-spaced) documenting
 - a. Ambitions, goals, leadership, and any other factors to assist the committee in judging application
 - b. How you will use the education & learnings from this program in your professional life

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

Deadline for application is JUNE 30, 2022.

For More Information, contact Natasha Alexis at nalexis@gawda.org



Women of Gases & Welding (WGW) Educational Grant Application

Deadline for Submission: June 30, 20)22	Please Return To:	
(Application Must Be Postmarked by This	Date)	GAWDA One Oakwood Boulevard Hollywood, FL 33020	, Suite 195
GAWDA Member Number	GAWDA Member Compa	iny	
Applicant's Name	Email address		
Current Address			
Street	City	State	Zip
Work Phone ()	Cell Phone ()(F	Please provide at least one phone	e #.)
Are you a U. S. Citizen? YesNo_	<u>I</u> f no, are you a legal US resi	dent? YesNo	
Employer's Name	Employer's Phone Number()		
Employer's Address			
Street	City	State	Zip
I affirm the information that I have (will) complete, accurate, and true to the best may result in not being considered or re Signature of Applicant	t of my knowledge. I understan vocation of financial aid at som	d that furnishing false info ne later date.	

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; how you will use the education & learnings from this program in your professional life. (400-600 words)