



# **GAWDA 2024 SCHOLARSHIP APPLICATION PACKAGE**

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



## **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 program is available to children and employees of active GAWDA member companies. The goal of the 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 (18) years of age. Consideration is given to students younger than eighteen but attending a college or university.
2. Applicant must have at least a high school diploma and be enrolled in a college or university.
3. Applicant must have a “2.5” overall grade point average (GPA) if pursuing a degree program.
4. Applicant must provide a personal statement indicating what their future goals and aspirations are and how their course of study relates to it.
5. Applicant may be enrolled full time or part time.
6. A letter of reference from the GAWDA member company supervisor or human resources (HR) department documenting employment verification and/or relationship of student to the GAWDA Member Company.

### **Applicant must submit all required application information by the stated deadline to be eligible for consideration.**

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

**2024 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 as follows:**

- All awards will be paid directly to the academic institution and applied to the student’s account.
- If award is not used within a 2-year period, the Academic institution will return the funds back to GAWDA.



## **GAWDA Scholarship Program 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 the 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 and how this may tie into the Gases and Welding Industry

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 and proof of enrollment to a college or university.

### **Verification of Enrollment completed by college or university**

All applicants must have an official from their school's Admissions/Registrar office sign off on the Verification of Enrollment form.

**Please note: *Recipients will be asked to submit a 5x7 color headshot for publicity purposes.***

### **Deadline**

Deadline for applications is March 1, 2024.

### **For More Information**

Please contact:

GAWDA  
One Oakwood Blvd., Suite 195  
Hollywood, Florida 33020  
954-367-7728, extension 230  
Fax – 954-367-7790



# GAWDA Scholarship Application

Deadline for Submission:  
**Must be postmarked by March 1, 2024**

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 \_\_\_\_\_  
Number Street Apt. No. City State Zip

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 provide the following information:

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

Employer's Address \_\_\_\_\_  
Number Street Apt. No. City State Zip

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

Parent/Guardian's Address \_\_\_\_\_  
Number Street Apt. No. City State Zip

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

Employer's Address \_\_\_\_\_  
Number Street Apt. No. City State Zip

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

Address \_\_\_\_\_  
Number Street City State Zip

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



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

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

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

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**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.

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**LIST OF PERSONAL REFERENCES:**

Name	Street/City/State/Zip	Occupation

**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 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 (\_\_\_\_\_) \_\_\_\_\_