**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 and a nominal amount to offset the individual’s travel expenses.**

**WGW Educational Grant Application Information**

Applicant must submit the following:

1. Application form
2. A professional letter of reference from a supervisordocumenting 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
5. Ambitions, goals, leadership, and any other factors to assist the committee in judging application
6. 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 August 1, 2025.**

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

WGW Educational Grant Application

**Deadline for Submission: August 1, 2025.**

**Please email to** Natasha Alexis at nalexis@gawda.org

 GAWDA Member Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Name Email address

Current Address

Street City State Zip

Work Phone ( )

Cell Phone ( )

(Please provide at least one phone #.)

Are you a U. S. Citizen? Yes

No

If no, are you a legal US resident? Yes

No

Employer’s Name Employer’s Phone Number ( )

Employer’s Address

Street City State Zip

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

**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)