

# 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 supervisor 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 August 1, 2026.**

For More Information, contact Natasha Alexis at [nalexis@gawda.org](mailto:nalexis@gawda.org)



# WGW Educational Grant Application

**Deadline for Submission: August 1, 2026.**

Please email to Natasha Alexis at [nalexis@gawda.org](mailto:nalexis@gawda.org)

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

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

Current Address \_\_\_\_\_

Street (apt. #)

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 (apt. #)

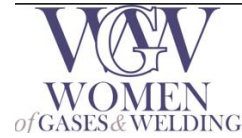
City

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 \_\_\_\_\_



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**PERSONAL STATEMENT** -- Attach a supplementary sheet (or add text below) 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)