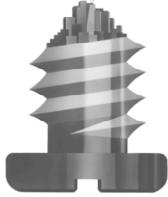


For Office
Use Only



2011 Application for Scholarship
(Application Must Be Typed or Download from mwfa.net)

I. Applicant Personal Information

First Name	Middle Initial	Last Name		

Address Number and Street	City or Town	County	State	Zip

Area Code	Phone Number	Age	Date of Birth	Social Security Number
_____ Male	_____ Veteran (Y/N)	_____ Marital Status		
_____ Female	_____ U.S. Citizen(Y/N)	_____ Total Dependents		

Spouse's First Name	Middle Initial	Last Name		
Do you anticipate a marital or dependent status change for this year? _____ Yes _____ No				

Present Employer			Years Employed	

II. MWFA Sponsor

MWFA Member Company			

Name and Title			

Address Number and Street	City or Town	State	Zip

Area Code	Phone Number		

III. Family Information

Father's First Name Middle Initial Last Name

Mother's First Name Middle Initial Last Name

Father's Address Number and Street City or Town State Zip

Mother's Address Number and Street City or Town State Zip

Father's Residence Phone / Business Phone Mother's Residence Phone / Business Phone

Father's Employer Address Number and Street City or Town State Zip

Mother's Employer Address Number and Street City or Town State Zip

IV. Applicant Statement and Authorization

I hereby acknowledge that the information contained in this Application is true and correct. I understand and agree that any scholarship award is applicable only if I am officially accepted at an accredited college or university and actually register for a sufficient course load to qualify at such institution as a full time student or minimum of six hours if employed in the fastener industry.

I authorize any college or university listed herein to release any biographical, financial or academic data concerning me to the MWFA Scholarship Committee or its authorized representative. A photo copy of this Statement and authorization may serve as an original for such purposes. I understand that any scholar-ship award will be paid directly to the college or university in which I register.

Date Applicant's Signature

Date MWFA Sponsor (MWFA Member Company)

Sponsor's Signature & Title (Representative from Management of sponsoring company)

V. General Information

How many brothers and sisters do you have? _____

Comment on any health factors, physical or emotional, of which you believe the MWFA Scholarship Committee should be aware.

VI. Educational Background (Complete all blanks)

List in chronological order each college, university, and high (secondary) school you have attended and complete the requested data. Transcript copies are necessary (High School and College, if applicable) and must be submitted.

Name of school	Address City/State, Zip	Attendance Date (To/From)	Grade or Grade Point Average*	Class Rank Out of	Date of Graduation
School					
School					
School					
School					

*Indicate grade point equivalence i.e., 4.0=A or 5.0=A

VII. Educational Data

(A) List or state the date you took or will take and score(s) for the following:

	Date	Composite Score
Scholastic Aptitude Test (SAT):	_____	_____
American College Test (ACT):	_____	_____

VII. Educational Data

(B) Grade or Grade Point Average through:

High School _____

College (If Attending) _____

(C) List any honors, awards, offices, achievements and extra-curricular activities in which you have been involved (high school and college only). List the institution and year.

(D) State briefly the course of study and areas of academic interest you intend to pursue.

VIII. Educational Purpose and Budget Plans

(A) List the colleges/universities you desire to or will attend in order of preference.

School Name

Address

Area of Study

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(B) Do you plan to work during the school term(s)? _____ If yes, hours per week? _____

VIII. Educational Purpose and Budget Plans *(continued)*

(C) Do you plan to live off or on campus? (If you will reside at home, with parent(s) or relative, please state your plans).

(D) Do you have any other scholarships, grants or financial assistance other than loans and family resources to assist you for this academic year? _____ Yes _____ No
If "Yes," please list name, source, amount and duration of such financial assistance.

(E) Do you plan to apply for other financial assistance including student loans? _____ Yes _____ No
If "Yes," please list what other financial assistance you intend to seek and the dollar amount or extent of assistance for which you have or plan to apply.

(F) List the estimated expenses you anticipate incurring at the institutions you listed at paragraph VIII. (A) above.

Institution Name	Total Tuition Cost Per Year	Room & Boar Cost Per Year	Misc. Fees Per Year
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IX. Written Statement of Educational Goals and Scholarship Purpose

(Essay is Mandatory)

The MWFA Scholarship Committee desires to know you as well as possible for scholarship purposes. Please complete an essay below, in your own words, with several paragraphs about your academic and educational goals, purposes and future plans.

MWFA Scholarship Rules

1. The son or daughter (natural or step) or spouse of an employee of a dues-paid MWFA member is eligible to apply for a scholarship. This applies to all MWFA members.
2. Employees applying for a scholarship must be employed by the member company for at least two years, and taking a minimum of six credit hours per semester.
3. For the upcoming Fall Semester, the applicant must be a high school senior or currently enrolled in college. The applicant or parent must be employed by a MWFA member company until the date the scholarship application is postmarked.
4. Scholarship checks will go directly to the school of the applicant's choice.
5. Student must be attending or planning to attend a college or university full time (or part time if employed in the fastener industry) to qualify.
6. Children of Scholarship Committee members are not eligible.
7. Once a student has been awarded a MWFA scholarship, they are not eligible to apply for another MWFA Scholarship in the future. This award will be for a one time minimum \$1,000 scholarship.
8. The Scholarship Committee will choose from applications, *(pages 3 through 6)*.
9. All applications must be postmarked by September 15, 2011. No hand deliveries.
10. Applications must be sent to the following address or they will not be considered:
MWFA Scholarship Committee
P.O. Box 5
Lake Zurich, IL 60047
11. Scholarships will be awarded November 10, 2011
12. Scholarships must be claimed within eighteen (18) months after receipt.
13. **TRANSCRIPTS MUST BE SUBMITTED FOR AN APPLICATION TO BE CONSIDERED.** It is the responsibility of the student to be sure transcripts are received by the MWFA office. Lack of transcripts invalidates application. Students may contact MWFA office (mwfa@ameritech.net) to verify transcripts have been received.

**Rules may be revised from year to year*