AWS Foundation

DISTRICT SCHOLARSHIP PROGRAM

INSTRUCTIONS AND APPLICATION
American Welding Society
District Scholarship Application

Student ID Number __________________ AWS Member (optional) Y/N If yes, # __________ Date ________

Applicant’s Name _______________________ Email _______________________

City __________________ State __________ Postal Code __________

Home Phone (____) __________ Cell Phone (____) __________ Work Phone (____) __________

Parent/Guardian’s Name ______________________ (If under 18 years of age)

Parent/Guardian’s Address ______________________

City __________________ State __________ Postal Code __________

Are you employed? If so, please provide the following:

Employer’s Name _______________________

Employer’s Phone Number (____) __________ Supervisor’s Name _______________________

Proposed School (Institute, College or University) ______________________

Address ______________________

City __________________ State __________ Postal Code __________

Proposed Major Area of Study ______________________

Starting Date __________ Expected Date of Graduation __________

I affirm that the information I have provided on this application and the supporting material is 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.

Applicant Signature __________________________ Date ________

Parent/Guardian Signature __________________________ Date ________
(If under 18 years of age)

Hometown Newspaper __________________________ Contact Name __________________________

Mailing address __________________________ Contact Telephone ______________________

If you are selected as a District Scholarship recipient, the AWS Foundation may request your photograph and/or testimonial for promotion and public relations purposes. Please indicate below:

☐ Yes, I will approve use of my information/photo  ☐ No, I will not approve the use of my information/photo

Signed __________________________ Parent/Guardian Signature __________________________
(If under 18 years of age)
List Schools You Have Attended (High School to Present)

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<tr>
<th>Name of School</th>
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Attach a transcript from all previous schools attended. ▶▶

Activities Record (Include AWS, School, and Community Activities and Honors)
Indicate in the spaces provided the grade levels in which you participated in the listed activity.

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Work Experience (Include present and previous employment)

Total number of hours worked per week

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Financial Aid Report
You must attach an official letter generated by the financial aid office at your school indicating your current student budget, needs analysis, and financial aid awards, including scholarships. Contact the financial aid office to obtain this aid information, as you will need to sign a release form.

List of Personal References

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Career Influence: Which welding instructor influenced you the most to make welding your career choice?

Instructor's Name: ____________________________ School or Educational Institute: ____________________________

Attach a personal statement that would assist in judging your eligibility ▶▶

How did you hear about this scholarship? _____________________________________________________________

The American Welding Society or the AWS Foundation does not discriminate by age, race, color, national origin, creed or gender.
AWS Foundation
DISTRICT SCHOLARSHIP PROGRAM

INSTRUCTIONS AND APPLICATION

Foundation, Inc.
Building Welding's Future through Education
550 N. W. LeJeune Road
Miami, FL 33126
305-443-9355
found@aws.org
Working For You

The AWS Foundation is dedicated to advancing educational opportunities to students preparing for a career in the welding and related joining technologies.

Other Services:

National Scholarship Program: provides funding for students seeking an undergraduate degree in welding engineering, welding technology, or a welding related field as specified in each scholarship. Each of these scholarships has specific requirements related to qualification.

Research Fellowship Program: For graduate students wishing to pursue areas of research related to the welding and joining industry.

For further information on these programs, contact the AWS Foundation at 800 443-9353, extension 250.

Application Instructions:

The information requested on the application form is self-explanatory. Please fill out the form completely. Keep in mind that the recipients are selected between May and June. Membership is optional, if you receive a District Scholarship and you are not a member, you will receive a one-year free membership. If you receive a District Scholarship and you are a member, your membership will be extended one year.

In addition to the application form you must enclose the following:

Financial Aid Statement
An official letter generated by the financial aid office indicating your current student budget, needs analysis, and financial aid awards, including scholarships. Please contact the financial aid office to obtain this information.

Transcript(s)
Official Scholastic records or grade transcripts showing high school, trade school, college or university attendance.

Personal Statement
Career objectives, general background information, organizational skills, participation in AWS Student and Section activities, and other factors that will help the selection committee understand your commitment to pursuing welding education. Indicate proposed welding curriculum and chosen school.

Application Checklist:

☐ Complete application, sign and parent sign, if minor
☐ Supply financial aid statement
☐ Include transcripts from all applicable schools
☐ Prepare personal statement of career goals
☐ Mention influential welding instructor
☐ Do not send photograph of applicant
American Welding Society
District Scholarship Application

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Applicant’s Name ____________________________

Current Address ______________________________ Email __________________________

City __________________________ State __________ Postal Code __________

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