



MAWD Scholarship Application

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

HIGH SCHOOL _____

GRADUATE YEAR: _____ GPA: _____ CLASS RANK: _____

EDUCATIONAL INSTITUTION ATTENDING: _____

COURSE OF STUDY: _____

Eligibility requirements for MAWD members:

1. Must be a MAWD member in good standing for two consecutive years.
2. Must submit a one page or less justification for the course of study and future occupational goal.
3. The educational institution must be approved by the Department of Elementary and Secondary Education
4. GPA must be 2.50 on a 4.00 scale and 3.25 on a 5.00 GPA Scale, or for a first time student, a letter of acceptance.
5. A transcript from high school or the educational institution you are attending.
6. Please provide the name, address and phone number of the financial aid person at the school you will be attending for payment.
7. May only apply once in a five year period.

Eligibility requirements for children or spouse of a MAWD member:

1. Parent or spouse must be MAWD member in good standing for two consecutive years
2. Must submit a one page or less justification for the course of study and future occupational goal.
3. The educational institution must be approved by the Department of Elementary and Secondary Education
4. GPA must be 2.50 on a 4.00 scale and 3.25 on a 5.00 GPA Scale, or for a first time student, a letter of acceptance.
5. A transcript from high school or the educational institution you are attending.
6. A letter of recommendation from a non-family member.
7. Please provide the contact name, address and phone number of the financial aid person at the school your child or spouse will be attending for payment.
8. May only apply once in a five year period.

Signature of MAWD Member

Printed Name of MAWD

Relationship to Applicant

Employer

Employer Address

Please provide 1-page or less justifying course of study and your future occupational goals.