



## MAWD Scholarship Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_

GRADUATE YEAR: \_\_\_\_\_ GPA: \_\_\_\_\_ CLASS RANK: \_\_\_\_\_ out of \_\_\_\_\_

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. Must submit a letter of recommendation (from employer, teacher, peer, etc).
4. The educational institution must be approved by the Department of Elementary and Secondary Education
5. 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.
6. A transcript from high school or the educational institution you are attending.
7. Please provide the name, address and phone number of the financial aid person at the school you will be attending for payment.
8. 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. Must submit a letter of recommendation (from employer, teacher, peer, etc).
4. The educational institution must be approved by the Department of Elementary and Secondary Education
5. 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.
6. A transcript from high school or the educational institution you are attending.
7. A letter of recommendation from a non-family member.
8. 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.
9. May only apply once in a five year period.

\_\_\_\_\_  
Signature of MAWD Member

\_\_\_\_\_  
Printed MAWD Member Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer Address

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