

Women of Gases & Welding (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, 2024.

For More Information, contact Natasha Alexis at nalexis@gawda.org

WGW Educational Grant Application

Deadline for Submission: July 31, 2024

(Application Must Be Postmarked by This Date)

Please Return To:

GAWDA

One Oakwood Boulevard, Suite 195
Hollywood, FL 33020

GAWDA Member Company _____

Applicant's Name _____ Email address _____

Current Address _____

Street

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

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 _____

PERSONAL STATEMENT -- Attach a supplementary sheet 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)