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metaldecorators.org

Dear Scholarship Applicant,

Attached is your Application Form for the International Metal Decorators Association Student Scholarship. The Scholarship was set up to provide funds for students who have completed high school; and are enrolled in an accredited college, junior college, vocational-technical school or other institution of continuing education.

Please fill out the application completely, and attach a one page typed or hand written essay on why you are a candidate for the Scholarship.

It must be received no later than March 31, 2018.

Please mail to:

International Metal Decorators Association
9574 Deereco Road
Timonium, MD 21093, USA

Email: info@metaldecorators.org or Fax: 410-628-8079

The rules for consideration are as follows:

- You must be the child or grandchild of a member in good standing (dues paid in full).
- The Scholarships will be handed out in \$2,000.00, \$1000.00 and \$500.00 increments as decided by the judges. Recipients will be notified by June 15, 2018. The winners will be announced at our awards luncheon on May 23, 2018 during our Annual Conference.
- Award checks will be made out only to the educational institution in which you are enrolled. The funds may be used for any purpose that you designate.
- Any Scholarship not used within 180 days of receipt must be returned to the IMDA.

We wish you the very best in the continuation of your education, and encourage you to submit your application as quickly as possible.

Gene Furey
Chairman
Scholarship Committee

C: M. Masenior, Executive Director



IMDA SCHOLARSHIP APPLICATION

STUDENT APPLICATION

TYPE OR PRINT ALL INFORMATION

Completeness and neatness ensure your application will be reviewed properly.

APPLICANT DATA

Last/Family Name _____ First/Given _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State/Province _____ Postal Code _____
 Country _____ Telephone (_____) _____
 E-mail Address _____
 Date of Birth: Month _____ Day _____ Year _____

IMDA MEMBER INFORMATION

Last/Family Name _____ First/Given _____ Middle Initial _____
 Telephone (_____) _____ Fax (_____) _____
 E-mail Address _____
 Relationship to applicant: Parent Guardian _____

SECONDARY SCHOOL DATA

School Name _____ Secondary School Graduation Date: Month _____ Year _____
 City _____ State/Province _____ Telephone(_____) _____

POST SECONDARY SCHOOL DATA

This application is for (please check one):

- Fall term: Term start date (m/d/yr) _____ Term end date (m/d/yr) _____
 Winter/Spring term: Term start date (m/d/yr) _____ Term end date (m/d/yr) _____
 Summer term: Term start date (m/d/yr) _____ Term end date (m/d/yr) _____
 Other: Term start date (m/d/yr) _____ Term end date (m/d/yr) _____

Name of post-secondary school you are attending or plan to attend for application period checked above.
 Use official school name. Do not use abbreviations.

City _____ State/Province _____ Country _____

- 4 yr. College or University 2 yr. Academic Degree Granting Institution
 Vocational-Technical School Other, explain _____

Year in school for application period checked above (circle one): 1 2 3 4 5 or Graduate Study

Major or course of study _____ Expected post-secondary graduation date: Month _____ Year _____

Enrollment status: Full-time Part-time: If part-time, number of hours per term _____

Degree sought: Bachelor Associate Certificate Other _____

Student will: live on campus live off campus commute from home

APPLICANT'S SIGNATURE _____