

# Apply today.



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## Scholarship Application Form

Date \_\_\_\_\_

Get the training you need to take your career to the next level. Apply for an NWFA Education & Research Foundation scholarship. One scholarship of up to \$500 per training event will be awarded. Financial need is not a requirement. Completed and signed application must be received by NWFA 30 business days prior to the event.

NWFA Member (Check One): \_\_\_\_\_ Yes \_\_\_\_\_ No

NWFA course you plan to attend: \_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

### Applicant Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### References: List three (3) with at least one (1) professional and none related to the applicant.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_ Years Known: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

(Complete on back.)

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**Employment History: Indicate employment for last three (3) years (current employment first).**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Held: \_\_\_\_\_ Employment Dates: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Applicant Statement:**

How would you benefit from an NWFA Scholarship?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give the National Wood Flooring Association, or its agents, permission to contact the references indicated for any information required. I further certify that the above statements are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date