

Scholarship Application

Must be received by April 1st



Mail Completed Application To:

SEFA
P. O. Box 473
Lake Zurich, IL 60047

This scholarship is available to High School seniors, students currently attending college who are either the child of a SEFA member company or employed by a SEFA member company, as well as spouses of an SEFA member company employee. Please be sure to follow directions provided.

Send to: SEFA, P. O. Box 473 Lake Zurich, IL 60047



Application Information

Eligibility

- A child whose parent or guardian is employed by a SEFA member company (in good standing with dues), entering their freshman year of college or already enrolled in college or a vocational school.
- Employees of SEFA member companies, working at least twenty (20) hours per week and taking a minimum of twelve (12) credit hours per semester at an accredited college, university, or higher educational / vocational center.
- Spouse of an employee of a SEFA member company.

Selection Criteria

- High school academic records including SAT/ACT scores/college transcripts.
- Essay, school activities, community involvement and work experience.
- Financial need will be considered, as a secondary factor.

Rules

- 1) All applications must be received no Later than April 1st.
- 2) Include a picture with your application for press publicity. (not required)
- 3) All appropriate sections of application MUST be complete.
- 4) It is each applicant's responsibility to be certain that a company sponsor signs the application before it is submitted to the SEFA Scholarship Committee.
- 5) All inclusions, as instructed on page one of application, must be submitted.
- 6) Students, not a child of a SEFA member employee, must be an employee (minimum 1 year) of a SEFA member company in order to be eligible for a scholarship.
- 7) Past scholarship winners are not eligible to reapply.
- 8) Scholarship awards will be sent directly to the school or to the students upon proof of tuition billing/payment. Winners to be announced at the annual Spring SEFA Business Meeting.

If you have questions, please contact either contact listed below:

Nancy Rich
Executive Director (847) 370-9022
sefa@thesefa.com

Send to: SEFA, P. O. Box 473 Lake Zurich, IL 60047



Scholarship Application

(please print or type)

Student Information:

Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Date of Birth: _____ Phone: _____

Email: _____

Sponsor Company Information:

Company Name: _____

Address: _____

City : _____ State: _____ Zip: _____

Phone: _____ Sponsor Email: _____

If applicable, parent or spouse employed by member company: _____

Are you currently employed by a company offering tuition reimbursement? Yes _____ No _____

Please complete, if you are requesting a scholarship as an employee of a SEFA member company:

Position Held: _____ Date Hired: _____

Weekly Hrs. Worked: _____

Does your company offer tuition reimbursement? Yes _____ No _____



Application Inclusions Required

High School Seniors or Current College Students

1. An official transcript of your high school grades, including high school grades, class ranking and SAT and/or ACT Scores. If applicable, include college transcripts.
2. Two letters of recommendation to be submitted by a combination of teachers, advisors, professors.
3. A letter of acceptance from one accredited college to which you have applied for admission, (if you have not yet received an acceptance letter include documentation from at least one college indicating your application is under review).
4. An essay (minimum 300 words, maximum 500 words) indicating your reasons for applying for a SEFA scholarship. (Include personal goals so we may get to know you). Please use Arial font, 12 pitch.

Employees/Spouses of SEFA Member Companies

1. An official transcript of current grades if enrolled in an accredited college.
2. If just entering an accredited college or higher education facility, a letter of acceptance.
3. Two letters of recommendation (at least one from work supervisor).
4. An essay (minimum 300 words, maximum 500 words) indicating your reasons for applying for a SEFA scholarship. (Include personal goals so we may get to know you). Please use Arial font, 12 pitch.

Education

(please print)

A) Name & address of the school you currently attend:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

B) Type of School: Public _____ Private _____ Home _____ Parochial _____

C) Date (or anticipated date) of graduation: _____

D) How is your school's grade point scale calibrated:

A= _____ B= _____ C= _____ D= _____ F= _____

Type of degree (if applicable): _____

E) Does your school adjust grade point averages for honors and/or advanced placement courses?

Yes _____ No _____ If yes, A= _____ B= _____ C= _____ D= _____ F= _____

F) If not currently attending college, please list name and location of college(s) for which you have applied or have been accepted to:

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Southeastern Fastener Association
...in an industry which "holds the world together"

Please list your school, community, and family activities in order of its interest to you. Include specific events and or major accomplishments. If this occurred during the summer, please indicate with "**".

Personal/ School Related Activities	Approx. Dates Participated	Positions Held/Awards/Scholarships Awarded College Credits Earned

Volunteer Activities	Approx. Dates Participated	Positions Held/Awards

Employment or Internship Experience:

List any jobs, including summer employment, you have held in the last three years.

Company Name	Reference Name & Phone Number	Dates	Hours/ Week	Job Description

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Financial Aid:
Please list your sources of funding for your College Education

College Funding by Source	Source of Awards	Percentage
Parent's Assistance		
Scholarship Funds		
Grant Money		
Personal Funds		
Funds from Employment		
Loans		
Other		

Do you plan to work during the academic year to help cover expenses? Yes _____ No_____

If yes, please indicate the approximate number of hours per week and the anticipated annual earnings.

Number of hrs. worked during school: _____ Number of hrs. worked during school break: _____

Anticipated Earnings: \$ _____ Anticipated Earnings: \$ _____

Are there other persons dependent on your earnings? Yes _____ No_____

If yes, indicate the relationship and the extent of your support.



Extraordinary Circumstances

*If special hardship or other extraordinary circumstances exist which hinder your ability to afford college or a higher educational / vocational facility, please describe your situation in a 250-word essay and attach to this application.

*(Follow essay format page 3)

Applicant's Statement

I affirm that all information contained in this application is true and correct. I understand and agree that any scholarship awarded will be made only if I am officially accepted at an accredited college, university, or high educational / vocational learning center and will provide a copy of the acceptance letter to the SEFA Scholarship Committee. I authorize any college, university, higher educational learning / vocational center, individual, or other source named herein to release any biographical, financial, or academic data concerning me to the SEFA Scholarship Committee or its authorized representatives.

Applicant's Signature _____ Date _____

Applicant's Name (*Print*) _____

Sponsor's Signature _____ Date _____

Name & Title of Sponsor at SEFA Firm (*Print*)

Don't forget to include items indicated on page 3 (Application Inclusions Required).
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