



AWS Welder Training Scholarship

Introduction

This scholarship is available to AWS Districts to provide funds to students seeking welder training through a trade school, community college, or other facility providing welder training programs, such as Tulsa Welding School and Hobart Institute of Welding Technology; or for an AWS Certified Welder (CW) seminar.

Eligibility

The AWS Welder Training Scholarship is for students seeking welder training in a program up to two years, and cannot be used for credits towards a four-year program.

1. Applicant must be attending a trade/technical school or community college; or for an AWS Certified Welder Seminar.
2. Applicant must provide verification of enrollment prior to funding.
3. Awards must meet the welder training criteria.
4. Awards will not be made to Section officers, or their families.
5. Awards will not be made to Section Selection Committee members, or their families.

Applications

Applications should be sent to the AWS Foundation at 8669 NW 36 Street, #130, Miami, FL 33166. Foundation Staff will email the applications received to the District Director quarterly, the first work day in March, June, September, and December.

Selection

Selection will be made by a designated Selection Committee comprised of one member from each Section located within the District.

Awards

Ten awards, to ten different recipients at \$1,000 each, may be made by each District, and are for tuition and fees only. No awards will be paid to the recipients, and will be paid directly to the academic institution by the AWS Foundation.

Deadline

The AWS Welder Training Scholarships will be available year round (January 1-December 31) until the District awards the designated \$10,000 for the year.

For More Information

AWS Foundation, Inc.

8669 N. W. 36 Street, #130

Miami, FL 33166

800-443-9353, extension 250

Email: nprado-pulido@aws.org

Mail to:
AWS Foundation
8669 NW 36 Street, Suite 130
Miami, FL 33166

**American Welding Society
Welder Training Scholarship Application**

Student ID Number _____ AWS Member (circle) Y/N If yes, # _____

Applicant's Name _____

Current Address _____ Email _____

City _____ State _____ Postal Code _____

Home Phone _____ Cell Phone _____

Parent/Guardian's Name _____
(If under 18 years of age)

Parent/Guardian's Address _____

City _____ State _____ Postal Code _____

If you are employed please provide the following:

Employer's Name _____

Employer's Phone Number _____ Supervisor's Name _____

Proposed School (Institute, School, College) _____

Address _____

City _____ State _____ Postal Code _____

Proposed Area of Study _____

Starting Date _____ Expected Date of Graduation _____

I affirm that the information I have provided on this application and the supporting material is 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.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If under 18 years of age)



Verification of Enrollment

Dear Admissions/Registrar:

This student is applying for a scholarship from the American Welding Society through the AWS Foundation. Please complete the information requested below for verification of the student's acceptance to this academic institution.

In addition, please verify the student's current enrollment status and total number of hours completed. This information should be included in the student's scholarship application package. Thank you.

AWS Foundation, Inc.

To be completed by Student:

I authorize the above requested information to be released to the AWS Foundation, Inc. in connection with my application for a National Scholarship.

Student

Academic Institution

Student ID Number

Date

To be completed by Admissions/Registrar:

Student

Academic Institution

Date of Acceptance to this Institution: _____

Is this student currently enrolled? _____ Is this student full time or part time? (circle one)

Course of study currently enrolled: _____

Number of Academic Hours Completed: _____

Student State: (circle one) Freshman Sophomore Other _____

Signature _____

Title _____

Print Name _____

Telephone (_____) _____