

# MARC STRANDQUIST MEMORIAL SCHOLARSHIP APPLICATION

(Revised October 1, 2024)

- To apply for a scholarship, all pages of this form must be completed.
- If any of the sections are blank, it will count against the applicant.
- The scholarship application deadline is **August 31, 2025**.
- Email applications to [amy@nfda-fastener.org](mailto:amy@nfda-fastener.org)
- Scholarship can be used for any Fastener Training Week in 2025 or 2026.

## I. APPLICANT PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

## II. APPLICANT STATEMENT AND AUTHORIZATION (To be completed by applicant)

I hereby acknowledge that the information contained in this application is true and correct. I understand and agree that any scholarship award is applicable only if I am currently employed by an NFDA member company and is not transferable. I understand that any scholarship award will be made payable to the Fastener Training Institute. I understand I will be evaluated on the basis of the information provided in this application form. I acknowledge this award, if granted, is for tuition only and that it does not include travel or other expenses associated with attending Fastener Training Week.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

## III. SPONSOR AUTHORIZATION (To be completed by manager or owner of the sponsoring NFDA member company.)

I hereby verify that this scholarship application is submitted by an employee who works in our company.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

NFDA Member Company \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Please describe why you want this employee to complete this training and the value it will provide to your company

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**IV. PERSONAL ACHIEVEMENTS**

List any honors, awards, offices, and achievements in which you have been involved (such as work, community, religious, and volunteer activities). List the institution and the year.

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**V. WORK EXPERIENCE**

Are you currently a  full time or  part time employee? (check one)

How long have you been with your current employer? \_\_\_\_\_

What is your current job position? \_\_\_\_\_

How long have you been in your current position? \_\_\_\_\_

What other experience do you have in the fastener industry? \_\_\_\_\_

**VI. ESSAY**

Please describe in the space below why you would like to attend Fastener Training Week, the value it will bring to you in your current position and your future career plans, and the value it will bring to your company. Optional: professional and personal letters of reference.

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