

NATIONAL WOOD FLOORING ASSOCIATION

111 Chesterfield Industrial Boulevard
Chesterfield, Missouri 63005

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NWFA SCHOLARSHIP APPLICATION

Completed application must be received at the NWFA office no later than 4 weeks prior to the event to be considered.

THIS APPLICATION IS FOR A NWFA SCHOLARSHIP -PLEASE CHECK SCHOOL YOU ARE ENROLLED IN.

____NWFA INSTALLATION, SAND & FINISH SCHOOL

_____ (Indicate location and date of school)

____NWFA INTRO TO WOOD FLOORING INSTALLATION SCHOOL

____NWFA ADVANCED INSTALLATION SCHOOL

____THE EDGAR P. ANSTETT-POWERNAIL COMPANY, INC. SCHOLARSHIP (NWFA Advanced School only)



SECTION I: - Personal Data (print or type)

Name _____

Firm Name _____

Firm Address _____

City _____ State _____ ZIP/Postal Code _____

Firm Phone #(____)____-____ FAX# (____)____-____

Residence Address _____

City _____ State _____ Zip/Postal Code _____

Residence Phone# (____)____-____ Residence Fax # (____)____-____



PERSONAL REFERENCES List three (3) Personal References not related to applicant.

1. Name _____
Address _____
City _____ State _____ ZIP/Postal Code _____
Phone (____)____-____ FAX# (____)____-____
Occupaton _____ Years known _____

2. Name _____
Address _____
City _____ State _____ ZIP/Postal Code _____
Phone (____)____-____ FAX# (____)____-____
Occupaton _____ Years known _____

3. Name _____
Address _____
City _____ State _____ ZIP/Postal Code _____
Phone (____)____-____ FAX# (____)____-____
Occupaton _____ Years known _____

SECTION II: PROFESSIONAL DATA

EMPLOYMENT HISTORY

Indicate employment for last three (3) years (current employment first)

◆ Firm Name _____ Position Held _____
Address _____ City _____ State _____ ZIP _____
Phone(____) ____ - ____ FAX (____) ____ - ____ Employed from _____ to _____

◆ Firm Name _____ Position Held _____
Address _____ City _____ State _____ ZIP _____
Phone(____) ____ - ____ FAX (____) ____ - ____ Employed from _____ to _____

◆ Firm Name _____ Position Held _____
Address _____ City _____ State _____ ZIP _____
Phone(____) ____ - ____ FAX (____) ____ - ____ Employed from _____ to _____

◆ Firm Name _____ Position Held _____
Address _____ City _____ State _____ ZIP _____
Phone(____) ____ - ____ FAX (____) ____ - ____ Employed from _____ to _____

If self-employed, complete the following and provide three (3) professional references.

Company Name _____
Address _____
City _____ **State** _____ **ZIP** _____
Phone #(____) ____ - ____ **FAX#** (____) ____ - ____
Number of years in business? _____

PROFESSIONAL REFERENCES

1. Name _____
Company Name _____
Address _____
City _____ State _____ ZIP _____
Phone (____) ____ - ____ FAX (____) ____ - ____
Business Relationship _____

2. Name _____
Company Name _____
Address _____
City _____ State _____ ZIP _____
Phone (____) ____ - ____ FAX (____) ____ - ____
Business Relationship _____

3. Name _____
Company Name _____
Address _____
City _____ State _____ ZIP _____
Phone (____) ____ - ____ FAX (____) ____ - ____
Business Relationship _____

INDUSTRY EDUCATION SCHOOLS/PROGRAMS COMPLETED:

SCHOOL/PROGRAM

DATES

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____

APPLICANT STATEMENT (ATTACH ADDITIONAL PAGE, IF NECESSARY)

How applicant will benefit from NWFA Scholarship: _____

EMPLOYER'S STATEMENT (attach additional page, if necessary)

_____ has been in my employ for _____ years. I believe he/she should be awarded this NWFA Scholarship for the following reasons:

Employer's name (print)

signature

date

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

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Award policy is one scholarship per company per calendar year.

National Wood Flooring Association

