

2025



# NEFDA Scholarship Application

NEW ENGLAND FASTENER DISTRIBUTORS ASSOCIATION MEMBER-  
STUDENT SCHOLARSHIP  
ADMINISTRATOR LAURA MURPHY

NEFDA | PO Box 701, Tewksbury, MA 01876 | [nefda@nefda.com](mailto:nefda@nefda.com) | 816-686-8987



## NEFDA

New England Fastener Distributors Association  
Attn: Laura Murphy, Administrator  
PO BOX 701, Tewksbury, MA 01876  
[nefda@nefda.com](mailto:nefda@nefda.com), 816-686-8987

## 2025 NEFDA SCHOLARSHIP APPLICATION

### Instructions and Information

#### Eligibility

- Your parent or guardian must be employed by a member company or you as an employee may also apply as long as you have worked for the member company at least one year.
- Sponsoring member company must be current with dues and in good standing with the NEFDA.
- Previous winners will be considered, but priority may be given to new applicants.

#### Selection Criteria

- Scholarships are awarded based on a combination of academic record, community involvement and essay submission, as described in the Evaluation Guidelines.

#### Information

- Please submit this application no later than **May 1, 2025**.
- Application **must** be completed in full, including all required supporting documentation. All information is pertinent.
- Incomplete applications will not be considered.
- Along with your application, you must submit a copy of your high school or previous year's educational transcript.
- Please submit one (1) letter of recommendation with your application. Letter of recommendation can come from a clergy, employer, teacher, etc.
- Please submit your resume, if applicable, with your application.
- Funds cannot be awarded until you submit a letter of acceptance from the college/university or tuition bill for the upcoming term.

#### **Please direct all completed applications or questions to:**

NEFDA, Laura Murphy  
PO Box 701  
Tewksbury, MA 01876

[nefda@nefda.com](mailto:nefda@nefda.com)  
816-686-8987  
[www.nefda.com](http://www.nefda.com)

**I. Applicant Personal Information**

First Name                      Middle Initial                      Last Name

Address (Number and Street)                      City/Town                      State                      Zip

(Area Code) Phone Number                      Age                      Date of Birth (M/D/YYYY)

Email:

Male                      Veteran (Y/N)                      Marital Status  
Female                      US Citizen (Y/N)                      Total Dependents

Applying as:                      Child of employe                      Employee

**II. NEFDA Sponsor**

NEFDA Member Company

Name and Title

Address                      City                      State                      Zip

(Area Code) Phone Number

Should this student be awarded a scholarship, please tell us where you would like the company letter of notification emailed (such as HR Department, Manager, Parent, etc.)

Name & Email

**III. Educational Background**

List in chronological order each college, university, and high (secondary) school you have attended and complete the requested data. Transcript copies are necessary (high school and college, if applicable) and must be submitted.

Name of School	Address	City	State	Zip
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Attendance Dates (To/From)	Grade Point Average*	Graduation Date
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Name of School	Address	City	State	Zip
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Attendance Dates (To/From)	Grade Point Average*	Graduation Date
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Name of School	Address	City	State	Zip
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Attendance Dates (To/From)	Grade Point Average*	Graduation Date
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\*Indicate grade point equivalence, i.e., 4.0  
Note: If you have not graduated, leave grad date blank

Vocational training previously completed; please include place & date.

List any honors or awards you received for academic achievement:

List your major extracurricular activities (sports, debate, music, publications, offices, sororities, fraternities, clubs, etc.), community involvement/volunteerism, internships, and leisure interests (hobbies, activities). List institution and year(s):

State briefly the course of study and areas of academic interest you intend to pursue.

#### **IV Financial Support**

Do you plan to work during the school term?

If yes, hours per week?

List any scholarships, grants, or financial assistance other than loans or family resources you have received or applied for to other organizations for the next academic year:

Donor:

Amount applied for: Amount Received:

#### **ESSAY**

Please submit a word document answering the following question. No more than 2 pages, double spaced, in 12 pt. type with 1" margins. All essays will be checked with an AI detection program. Use of AI to write your essay will result in disqualification of your application.

**Share about a time you failed and how you learned from it.**