

NEWFDA

2019 SCHOLARSHIP FUND

For NEWFDA Member
employees & their families



NORTHEAST WHOLESAL FOOD DISTRIBUTORS ASSOCIATION

**NEWFDA is committed to promoting
excellence in education within the
Wholesale Food Distribution community.**

Deadline for applications June 7, 2019

Learn more at

www.NEWFDA.org

or contact Kevin Griffin at
kgriffin@newfda.org



2019 SCHOLARSHIP PROGRAM

WELCOME TO THE 2019 NEWFDA ANNUAL SCHOLARSHIP PROGRAM

The NEWFDA Scholarship Program is the foundation of our association. To date, we have awarded over \$800,000 in educational scholarships to eligible students, due in large part to the generosity of our members. Our annual events and generous member sponsorships fund the Scholarship Program allowing deserving students to further their academic dreams.

APPLYING FOR A SCHOLARSHIP

NEWFDA Scholarships are open to high school seniors, college undergraduate and graduate students who are dependents of employees or are themselves employees of a NEWFDA Member company.

Scholarship applications are reviewed by an independent faculty panel at a prestigious New England university, and recipients are awarded based on academic merit, as well as outstanding community service and leadership. Students may re-apply on a yearly basis, as long as the eligibility requirements are met.

Applications are available online at www.NEWFDA.org and will be available and accepted January 1, 2019 through June 7th 2019.

If you have any questions or request any additional information, please contact NEWFDA Executive Director, Kevin Griffin at kgriffin@newfda.org or 617.922.4300.

Thank you for your interest and good luck with your application!

Sincerely,

Kevin Griffin
Executive Director
617.922.4300
kgriffin@newfda.org



**NorthEast Wholesale Food Distributors Association
Scholarship Application**

Application Deadline: June 7, 2019

Completed applications must be accompanied by:

- Essay of at least 250 words explaining why you should be awarded with a NEWFDA scholarship
- Current photograph of yourself (preferably head shot) for scholarship recipient poster
- Current high school transcripts

Incomplete or illegible applications will not be considered. Please send completed scholarship package to:
NEWFDA Scholarship Committee · PO Box 2826 · Duxbury, MA · 02331

Student Name _____
Last First Middle

Address _____
Street City State Zip

Email _____ Phone _____

Referred by (NEWFDA Member) _____
Name Company Relationship

Have you previously applied? _____ Year(s) _____

Academic Information

Name of College where you are currently enrolled _____

Field of Study _____

High School	Address	Graduation Date
College	Address	Dates of Attendance & Anticipated Graduation

Please list any distinctions, honors and/or awards you have received while in high school or college and explain the basis for selection.

Honor/Award	Basis for Selection

Please list extra-curricular, community activities and/or significant work experience. Please list no more than four in order of importance. Provide dates and indicate if you held an office, and if the office was an elected or appointed position. Re: Time Commitment, please indicate the period of time involved and how many hours you devoted to the activity (i.e., 1 semester, 4 hrs/wk, 40 hrs/wk, etc.)

Activity	Years	Time Commitment	Office/Position

I certify that the above information is true and complete. I understand that withholding information requested, or giving false information may make me ineligible for consideration.

Applicant Signature

Date