

NEWFDA's Scholarship Program

The NorthEast Wholesale Food
Distributors Association has excellent
opportunities for our member families
and their dependents to benefit from
the NEWFDA Scholarship Program.
To date, NEWFDA has awarded over
\$780,000 in scholarship funds to
students of NEWFDA member
families, due in large part to the
generosity of our members. Events
such as NEWFDA's Annual
Convention, and the Annual Golf
Outing support the Scholarship
Program.

NorthEast Wholesale Food
Distributors Association
NEWFDA is committed to
promoting excellence in
education within the Wholesale
Food Distribution community.

Application
Deadline:
June 6, 2018



Kevin Griffin PO Box 2826 • Duxbury, MA 02331 617-922-4300 Email: kgriffin@newfda.org

NorthEast Wholesale Food Distributors Association SCHOLARSHIP APPLICATION

APPLICATION DEADLINE:

Completed applications must be accompanied by:

- Essay of at least 300 words explaining why you should be awarded with a NEWFDA scholarship.
- Current photograph of yourself (preferably head shot) for scholarship recipient poster.

- **June 6, 2018** Current high school and college transcripts (transcripts should not be sent separately).
- Note: Resumes are permitted, but are not a substitution for completed applications. Incomplete or illegible applications will not be considered.

Please send completed scholarship package to: Kevin Griffin • PO Box 2826, Duxbury, MA 02331 • (781) 829-6715 • kgriffin@newfda.org

Student Name					
Last	First		Middle		
AddressStreet	City		St	ate	 Zip
Email	·		Phone_		· · · · · · · · · · · · · · · · · · ·
Referred by (NEWFDA Member)					
Na Have you previously applied?		Company	Relation	•	
Academic Information Name of College where you are cu	rrently enrolled				
Field of Study					
High School		Address			Graduation Date
College		Address			Dates of Attendance Anticipated
					Graduation
Please list any disctinctions, honors a selection.	and/or awards you h	ave received w	hile in high schoo	ol or college and	explain the basis for
Honor/Award		Basis for Selection			
Please list extra-curricular, communit importance. Provide dates and indica Commitment, please indicate the per 4 hrs/wk, 40 hrs/wk, etc.)	ate if you held an off	ice, and if the o	ffice was an elec	ted or appointed	d position. Re: Time
Activity		Years	Time Commitment	Office/Position	
certify that the above information is nformation may make me ineligible for		I understand the	at withholding inf	formation reque	sted, or giving false
pplicant Signature				Date	

