

## AFA Scholarship Program

### BASIC APPLICATION CRITERIA

1. Applicant must be a current Member of the AFA or a full time employee of an AFA Member.
2. If the applicant is an employee, the applicant's employer must submit a brief written statement explaining why the employer believes the applicant is entitled to apply for the scholarship.
3. As part of the application process, the applicant must submit in writing how attending the training school will be of personal benefit to the applicant, and how his or her company/employer will benefit from the applicant attending the school.
4. The winning applicant must agree to submit a typewritten paper to the AFA within two (2) weeks after completion of the school. The paper should be no less than 300 words, outlining his or her experiences at the school.
5. The winning applicant further grants permission to the AFA to use his or her name and picture for publicity purposes.
6. The member company is responsible for paying the training expenses, then after all obligations are met by the trainee; then the AFA will reimburse the company for the class fees.
7. Member company applying for scholarship MUST have been a member for the past 3 years.
8. **Completed application forms must be returned by fax or e-mail to the AFA staff by October 27, 2017 for AFA University. (memberservices@americanfenceassociation.com or fax 314-480-7118)**
9. A schedule of dates, pertaining to the scholarship award;

**Applications are being submitted for upcoming year programs**

- **Completed applications received by ..... October 27, 2017**

# AFA Scholarship Program

(Check Appropriate Training)

**Sales Training School  
Operator Installer School**

**Fence Installation School  
Gate Systems Design School**

(PLEASE PRINT OR TYPE)

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) - \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

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

Work Phone: (\_\_\_\_\_) - \_\_\_\_\_

Fax Number: (\_\_\_\_\_) - \_\_\_\_\_

This is to certify that I have read and understand the conditions and requirements associated with making application for the AFA Scholarship Program. These requirements include but are not limited to submitting a typewritten paper within two (2) weeks after completion of the school outlining my experiences at the school and speak at a future chapter meeting. I agree to and accept these conditions as stated, and submit this application for your consideration.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Company Owner/Member: \_\_\_\_\_

Date: \_\_\_\_\_

**TO BE COMPLETED BY APPLICANT (Please Print or Type)**

**DO NOT MENTION YOUR NAME OR YOUR COMPANY'S NAME  
ANYWHERE ON THIS PAGE**

Current Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Briefly Describe Your Current Duties:

Past Positions:

Overall Length of Time in the Fence Industry: \_\_\_\_\_

How will attending this training benefit you in your personal and professional growth in the Fence Industry?

How will attending the school benefit your company?

**TO BE COMPLETED BY APPLICANT (Please Print or Type)**

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ANYWHERE ON THIS PAGE**

Why do you feel that you/your employee should be considered for the AFA Scholarship Program?