

3020 Old Ranch Parkway, Suite 300, Seal Beach, CA 90740 Phone (562) 799-5509 Fax (562) 684-0695 www.pac-west.org info@pac-west.org

# 2025 Hy Schatz Memorial Scholarship Application

(Revised July 30, 2024)

- You must complete all pages of this form in order to apply for a scholarship.
- This application form has two pages. If you leave any of the sections blank, it will count against you.
- The scholarship application deadline is June 30, 2025.
- Applications can be mailed to the address shown above or emailed to amy@pac-west.org.
- Scholarship must be used for Fastener Training Week in 2025 or 2026.

### APPLICANT PERSONAL INFORMATION

| Name      |                |             |  |
|-----------|----------------|-------------|--|
| Address   |                |             |  |
| City      | State/Province | Postal Code |  |
| Telephone | Email          |             |  |

## APPLICANT STATEMENT AND AUTHORIZATION (To be completed by applicant)

I hereby acknowledge that the information contained in this application is true and correct. I understand and agree that any scholarship award is applicable only if I am currently employed by a Pac-West member company and is not transferable. I understand that any scholarship award will be made payable to the Fastener Training Institute. I understand I will be evaluated based on the information provided in this application form. After I complete the Fastener Training Week program, I will submit a report on what I learned and how I will apply this knowledge to my job and my career. I acknowledge this award, if granted, is for tuition only and that it does not include travel or other expenses associated with attending Fastener Training Week.

Date \_\_\_\_\_ Applicant's Signature \_\_

### <u>SPONSOR AUTHORIZATION (To be completed by manager or owner of the sponsoring Pac-West</u> <u>member company.)</u>

Please describe why you want this employee to complete this training and the value it will provide to your company

I hereby verify that this scholarship application is submitted by an employee who works in our company.

| Date                        | _ Signature              |                              |  |
|-----------------------------|--------------------------|------------------------------|--|
|                             |                          |                              |  |
| Pac-West Member Compa       | ny                       |                              |  |
| Telephone                   | Email _                  |                              |  |
| WORK EXPERIENCE             |                          |                              |  |
| Are you currently a         | full time or pai         | t time employee? (check one) |  |
| How long have you been w    | rith your current employ | er?                          |  |
| What is your current job po | sition?                  |                              |  |
| How long have you been ir   | your current position?   |                              |  |
| What other experience do    | you have in the fastene  | r industry?                  |  |
|                             |                          |                              |  |
|                             |                          |                              |  |

# <u>ESSAY</u>

Please describe in the space below why you would like to attend Fastener Training Week, the value it will bring to you in your current position and your future career plans, and the value it will bring to your company. You may attach professional and personal letters of reference to your application, but these are not required.