



WMMA EMPLOYEE SCHOLARSHIP REQUEST FORM

WMMA Company Name _____

Employee Name _____

WMMA Company Champion _____

Employee Home Address _____ City _____ State _____

Zip Code _____ Phone _____ Fax _____ E-mail _____

Department/Business Function _____

Job Title _____ Current Education Level _____ Year of Graduation _____

Short Term Career Goal _____

Long Term Career Goal _____

WMMA Scholarship Awards are sent to the institution, not the candidate. Therefore, we require complete information on the institution, a contact person, etc. (see below). It is understood that the candidate or the institution may send the invoice to WMMA, Attention, Jennifer Evans. However, the scholarship payment must be sent to the institution.

Name of School applicant will attend _____

Address of School _____ City _____ State _____ Zip Code _____

Faculty or other contact at school _____ Title _____ Phone _____

E-mail _____

Why are you interested in taking this course? _____

Approved by Supervisor (Print Name): _____

Supervisor Signature _____ Date _____

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