HAWORTH DIVERSITY AWARD

SCHOLARSHIP/INTERNSHIP INFORMATION

The Haworth Diversity Award will be given to members of a minority group. The number and amount of each scholarship may vary annually as determined by the Independent Scholarship Selection committee. Each scholarship is a one-time award.

Candidates will be evaluated on the competitive basis of:
- record of achievement (GPA) from a college or university
- current transcript (with junior status completed and GPA) in college or university
- application content: letters of recommendation, awards and recognition, volunteer activity, employment/school extra-curricular activities, character as revealed by seriousness of purpose, initiative, and moral standards

In order to be considered for this scholarship, all required documentation must be submitted by the application deadline. Incomplete or late applications will not be considered.

ELIGIBILITY – DIVERSITY AWARD APPLICANT

1. Applicant must be a college or university junior who is a member of a minority group, consistent with EEO standards.
2. Applicant must have a cumulative GPA of 3.3 or greater.
3. Applicant must be available for a 12 week internship within the year the scholarship is awarded.
4. Major area of study must be supported by Haworth’s core business function.
5. Applicant must pass an interview process before an offer will be made.
6. The offer of internship employment is contingent upon satisfactory results of a drug screening, references, criminal background check, and the terms and conditions stated in our employment application. Additionally, you may be required to complete a job-related medical exam. Haworth is an at-will employer.

APPLICANT CHECKLIST

Before sending your application form and attachments, does your packet include the following items? Remember, all required documentation must be completed by the application deadline.

☐ Completed Application Form (one page)
☐ List of 1) awards and recognition, 2) volunteer activity and 3) employment/school extra-curricular activity
☐ Essay
☐ Three letters of recommendation (must be written within six months of application date) Letters of Recommendation from a relative will not be accepted.
☐ Academic Transcripts from college or university
☐ Your name on each page

DO NOT RETURN THIS PAGE

COMPLETED APPLICATION WITH ATTACHMENTS MUST BE RECEIVED ON OR BEFORE MARCH 1, 2011

Mail: Haworth Inc. Attn: Scholarships
One Haworth Center
Holland, MI 49423

OR

FAX: Haworth, Inc.
Attn: Scholarships
616-393-1538

HAWORTH
An EEO/AA employer, M/F/D/V
**BIOGRAPHICAL INFORMATION** (to be completed by applicant) **TYPE** (preferably) or **PRINT** the information in **ink**.

Your information will be used only in connection with your application for this scholarship program and to provide a brief biographical sketch of you in a company publication if you are selected to receive a scholarship.

<table>
<thead>
<tr>
<th>APPLICANT’S NAME</th>
<th>PHONE (include area code)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS</td>
<td>EMAIL ADDRESS</td>
</tr>
<tr>
<td>CITY</td>
<td>STATE</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
<td></td>
</tr>
<tr>
<td>WHAT COLLEGE OR UNIVERSITY DO YOU ATTEND?</td>
<td>ARE YOU CURRENTLY ENROLLED FOR THE NEXT SEMESTER?</td>
</tr>
<tr>
<td>CITY, STATE OF COLLEGE OR UNIVERSITY</td>
<td>IF YOU ARE NOT ENROLLED FOR THE NEXT SEMESTER, PLEASE EXPLAIN.</td>
</tr>
<tr>
<td>WHAT ARE YOUR MAJOR AND MINOR COURSES OF STUDY?</td>
<td>ARE YOU IN GOOD ACADEMIC STANDING?</td>
</tr>
<tr>
<td>IF YOU ARE NOT IN GOOD ACADEMIC STANDING, PLEASE EXPLAIN.</td>
<td>EXPECTED DATE OF GRADUATION</td>
</tr>
</tbody>
</table>

**EDUCATIONAL INFORMATION**

Applicant **must** have copy of **college or university transcript** included with application.

Did anyone assist you in writing your essay?  **No** [ ]  **Yes** [ ]
If so, in what manner did they assist you?

*To the best of my knowledge, the information provided in this application is correct.*

APPLICANT’S SIGNATURE _________________________________________________________ DATE
AWARDS AND RECOGNITION, VOLUNTEER ACTIVITY, EMPLOYMENT/SCHOOL EXTRA-CURRICULAR ACTIVITIES

Among other things, this information will be evaluated based on effort, quality, quantity and variety.

You must use a separate sheet of paper to list the following items. Your list must use the same format as shown on this application. Be certain your name appears on each sheet.

**AWARDS AND RECOGNITION**

<table>
<thead>
<tr>
<th>ORGANIZATION</th>
<th>VOLUNTEERED ACTIVITY</th>
<th>HOURS CONTRIBUTED</th>
<th>YEAR INVOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Methodist Church</td>
<td>Church Nursery Attendant</td>
<td>1 hour per week</td>
<td>June 2005-March 2006</td>
</tr>
<tr>
<td>Congressman Smith</td>
<td>Office Volunteer</td>
<td>Twice per week for 1 hour</td>
<td>Nov 2005-Dec 2005</td>
</tr>
<tr>
<td>Red Cross</td>
<td>Assist Blood Drive</td>
<td>2 hours</td>
<td>June 2005</td>
</tr>
</tbody>
</table>

**SAMPLE**

**EMPLOYER/SCHOOL EXTRA-CURRICULAR ACTIVITY**

<table>
<thead>
<tr>
<th>RESPONSIBILITIES</th>
<th>TO &amp; FROM DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus Boy</td>
<td>12 hrs/wk Mar 2005 - present</td>
</tr>
<tr>
<td>Camp Counselor</td>
<td>Mon-Fri, June – Aug 2005</td>
</tr>
<tr>
<td>Bagger</td>
<td>18 hrs/wk Nov 2004-Mar 2005</td>
</tr>
<tr>
<td>Student Leader/Driver</td>
<td>15 hrs/wk Jan 2005 – April 2006</td>
</tr>
<tr>
<td>Team Member</td>
<td>15 hrs/wk Mar 2005 – May 2005</td>
</tr>
</tbody>
</table>

**ESSAY**

Write an essay on the life of a minority individual who made a significant contribution on a local, state or national level; and discuss your diversity work and how these contributions made an impact on you and your life.

Please TYPE your response on a separate sheet. Your response is limited to the space available on only the front of two letter-size sheets. Be certain your name appears on each essay sheet.

**DO NOT RETURN THIS PAGE**
LEGAL NAME OF APPLICANT

To comply with the Federal Privacy Rights of Students Act, a school must obtain signed authorization before it can release student information for use in this scholarship program. Permission is hereby given to release the academic record and other requested information for consideration in the Haworth Scholarship Program.

STUDENT’S SIGNATURE  DATE

SCHOOL NAME  CITY  STATE  ZIP  TELEPHONE

Keep this form for the school’s student file

LETTER OF RECOMMENDATION

On a separate sheet or letterhead, one side only, please type your response to the following:

1. Your relationship to the student. Letters of Recommendation from family members will not be accepted.

2. How long you have known the applicant.

3. Your response to the following question.

Considering this student’s interests, work habits and life goals, to what extent do you believe this student will successfully adapt, or has adapted, to the business and social environment and pressures encountered in a workplace setting?

NOTE: All letters of recommendation should be written and signed within six months of the application date to be considered.
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STUDENT’S SIGNATURE

DATE

SCHOOL NAME

CITY

STATE

ZIP

TELEPHONE

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