



Wisconsin Grocers Association *Your Store Scholarship Program*

2011-2012 Academic Year  
College or University  
Student Scholarship Application

Student Application - Document A

WGA *Your Store Scholarship Program* • One South Pinckney, Suite 504 • Madison, WI 53703

1-888-342-5942

**WisconsinGrocers.com**

Applicant's Name \_\_\_\_\_

Grocery Store/Business Name \_\_\_\_\_

Store/Business President/Manager's Name \_\_\_\_\_

Location of Grocery Store/Business (City) \_\_\_\_\_

**Scholarship Eligibility**

In order to be considered for this scholarship, you must:

- be attending a college or university in the fall of 2011.
- be a current employee of a dues-paying member of the Wisconsin Grocers Association and have been employed for six months at the time of this application process. Continuing college/university students must have worked a minimum of 10 weeks or 250 hours in 2010.
- carry a nine-hour credit load unless you are applying for a scholarship for a single course.
- have maintained a B grade average (3.0 based on a 4.0 scale).

**Scholarship Criteria**

Award winners will be determined by the WGA *Your Store Scholarship Program* Selection Committee. The Selection Committee evaluates the following criteria for students applying for assistance at a college and/or university:

Academic achievement	30 points
Leadership/Extracurricular activities	15 points
Essay	30 points
Employer evaluation/recommendation	25 points
<b>Total possible</b>	<b>100 points</b>



## Instructions

1. Please type or print in black ink. Be as neat as possible.
2. Answer all questions as completely and accurately as you can. If a question does not apply to you, mark the answer as "N/A" (not applicable).
3. The application and all required documents must be postmarked by March 1, 2011.
4. Mail the complete application to the Madison address indicated on the front cover of this application.

The following documents constitute a complete application:

1. (Document A) - The student scholarship application to be completed by the student.
2. (Document B) - The nomination form and letter of recommendation from the student's employer.  
Confidential: to be completed by the employer and returned to the applicant in a sealed envelope.
3. The student's transcripts of grades (college freshmen include high school transcripts as well as college transcripts).
4. The student's ACT or SAT scores.

## SECTION I Personal Information

Last Name	First Name	Middle Name
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Permanent address

City	State	Zip
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Telephone	Email address
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Social Security Number	Year of High School Graduation
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Mailing Address (If Different From Above)

City	State	Zip
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Telephone

I presently attend:  High School    Vocational/Technical College    College/University    Not attending

Name of Present School

City	State
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Next year I will attend (name of school)	Field of Study
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School's address	City	Zip
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## SECTION II

### Academic Record and Achievements

Use additional pages if necessary.

List honors you have received.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Other \_\_\_\_\_

List offices or leadership positions you have held; include the name of the organization.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Other \_\_\_\_\_

List other extracurricular activities or seminars in which you have been involved.

1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
- Other \_\_\_\_\_

ACT/SAT Score\* \_\_\_\_\_

*\*If you are a non-traditional student and do not have ACT scores, please submit a note indicating your situation. Use a separate sheet of paper for this note.*



## SECTION III

### Employment and Experience

**Employment History** Begin with most recent position and work backward.

1a. Business Name \_\_\_\_\_ City/State \_\_\_\_\_

Position/Title \_\_\_\_\_

1b. Duties you perform \_\_\_\_\_

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2a. Business Name \_\_\_\_\_ City/State \_\_\_\_\_

Position/Title \_\_\_\_\_

2b. Duties you perform \_\_\_\_\_

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3a. Business Name \_\_\_\_\_ City/State \_\_\_\_\_

Position/Title \_\_\_\_\_

3b. Duties you perform \_\_\_\_\_

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4a. Business Name \_\_\_\_\_ City/State \_\_\_\_\_

Position/Title \_\_\_\_\_

4b. Duties you perform \_\_\_\_\_

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## **SECTION IV**

### **Student Essay**

Use additional pages if necessary.

1. What are your career goals (short-term and long-term) after completing your program?

2. Why are you deserving of this scholarship?



## SECTION IV

### Student essay

Continued from page 5.

3. In your opinion, what are the three major challenges facing the grocery industry today, and how would you respond to them? (Please keep your reply to a maximum of 500 words.)

To the best of my knowledge, I have provided the WGA *Your Store Scholarship Program* full information concerning all questions on the application. I agree to report to the WGA *Your Store Scholarship Program* any factors which could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of scholarship monies.

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Applicant's Signature

Date



Wisconsin Grocers Association *Your Store Scholarship Program*

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Scholarship Application

Employer's Confidential Nomination - Document B

Dear Employer:

**This confidential form and a letter of recommendation must be completed and returned to the applicant in a sealed envelope.**

The complete application must be postmarked to the Wisconsin Grocers Association by March 1, 2011 in order for your nominee to be eligible for a scholarship. Please complete all questions. Your judgement of this employee's performance is vital to the Selection Committee's determinations. Your response will be kept confidential.

**NOTE: Incomplete forms will automatically disqualify the scholarship applicant from your store.**

In order to be considered for this scholarship, applicant must:

- be attending a college or university in the fall of 2011.
- be a current employee of a dues paying member of the Wisconsin Grocers Association and have been employed for six months at the time of this application process. Continuing college/university students must have worked a minimum of 10 weeks or 250 hours in 2010.
- carry a nine-hour credit load unless they are applying for a scholarship for a single course.
- have maintained a B grade average (3.0 based on a 4.0 scale).

I, \_\_\_\_\_, nominate \_\_\_\_\_  
(employer's name) (applicant's name)

for a WGA *Your Store Scholarship*. I understand that I must be a current member of the Wisconsin Grocers Association.

\_\_\_\_\_  
Your Name Today's Date

\_\_\_\_\_  
Grocery Store/Business Name Position

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

\_\_\_\_\_  
Telephone Fax Email address

**Scholarship Criteria**

Award winners will be determined by the WGA  
*Your Store Scholarship Program* Selection  
Committee. The Selection Committee evaluates the  
following criteria for students applying for assistance  
at a college and/or university:

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**I. Employment history of your employee.** List the last three positions held by this employee in your establishment. Show start and end dates for each position, and rate the overall job performance in each case.

From Mo./Yr. to Mo./Yr.	Job Assigned	Performance			
		Exceptional	Above Average	Average	Poor
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II. Character of employee**

(Circle appropriate number)

	Excellent	Good	Fair	Poor
Organization	3	2	1	0
Leadership	3	2	1	0
Initiative & Motivation	3	2	1	0
Responsibility & Dependability	3	2	1	0
Maturity	3	2	1	0
Resourcefulness & Creativity	3	2	1	0
Capacity for learning	3	2	1	0
Quality of work	3	2	1	0
Relationship with others	3	2	1	0
Career commitment	3	2	1	0
Attendance	3	2	1	0

**III. Letter of personal/professional recommendation**

On your company letterhead, please write a letter of recommendation for your employee, answering the following questions.

- How do you feel about this applicant?
- Do you want this employee to return full-time to your place of business after completing his/her education?
- Would you recommend him/her to a friend in the industry? Why?
- What has this person done for you that causes you to make this recommendation for a scholarship?

Employer Signature \_\_\_\_\_ Date \_\_\_\_\_

**This confidential form and a letter of recommendation are required in order for your employee to be eligible for a WGA *Your Store Scholarship*. Please place both in a sealed envelope and return to the applicant. Applications must be postmarked by March 1, 2011.**



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