

Wisconsin Grocers Association *Your Store Scholarship Program*

2010-2011 Academic Year
Vocational or Technical School
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 vocational or technical school in the fall of 2010.
- 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 vocational/technical school students must have worked a minimum of 10 weeks or 250 hours in 2009.
- carry a nine-hour credit load unless you are applying for a scholarship for a single course.
- have maintained a C grade average (2.0 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:

Employer evaluation/recommendation	30 points
Academic achievement	25 points
Honors/extracurricular activities	20 points
Occupational goals	25 points
Total possible	100 points

Recipients and non-recipients will be notified by mail.



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, 2010.
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

Achievements, Experience & Goals

1. In what organizations & activities have you been involved during the last five years? List any offices held and any awards or honors you have received, for example, school, community/volunteer groups, employment, military. (If necessary, attach a separate sheet to continue).

2. Please give a brief work history for the past five years, starting with the most recent. (If necessary, attach a separate sheet to continue).

Business Name _____ Location _____

Position _____

Reason for Leaving _____

Business Name _____ Location _____

Position _____

Reason for Leaving _____

Business Name _____ Location _____

Position _____

Reason for Leaving _____

3. Please describe your career goals. (If necessary, attach a separate sheet to continue).

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.

Applicant's Signature _____ Date _____



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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, 2010 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 vocational or technical school in the fall of 2010.
- 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 2009.
- carry a nine-hour credit load unless they are applying for a scholarship for a single course.
- have maintained a C grade average (2.0 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

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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
This applicant's level of initiative & motivation is	3	2	1	0
This applicant's level of responsibility & dependability is	3	2	1	0
This applicant's level of maturity is	3	2	1	0
This applicant's level of resourcefulness & creativity is	3	2	1	0
This applicant's ability to set realistic & attainable goals is	3	2	1	0
This applicant's quality of work is	3	2	1	0
This applicant's ability to interact with others is	3	2	1	0
This applicant's choice of a post secondary education program is	3	2	1	0
This applicant's attendance is	3	2	1	0

III. Letter of personal/professional recommendation

Please briefly describe why you feel this applicant is deserving of a scholarship. Please use a separate sheet if necessary.

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, 2010.

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