



Wisconsin Grocers Association *Your Store Scholarship Program*

2023-2024 Academic Year
College or University
Student Scholarship Application

Student Application - Document A

WGA *Your Store Scholarship Program* • 10 West Mifflin Street, Suite 205 • Madison, WI 53703

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 2023.
- 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 2022.
- Carry a nine-hour credit load.
- Have maintained a B grade average (3.0 based on a 4.0 scale).
- Employer/store **must be participant** in the WGA's Your Store Scholarship program. Contact Sarah at sdecorah@wisconsin-grocers.com to check if your store participates.

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
Total possible	100 points



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 April 14, 2023**.
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 official transcripts** of grades (college freshmen include high school transcripts).
- 4. The student's **ACT or SAT scores**. This does not need to be official; a printed report will suffice.

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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Year of High School Graduation	Telephone
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Mailing Address (if different from above)

City	State	Zip
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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/awards 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 and community services in which you have been involved.

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- Other _____

ACT/SAT Score _____



SECTION III

Employment and Experience

Employment History Begin with most recent position and work backward.

1a. Business Name _____ City/State _____

Position/Title _____ Years Position Held _____

1b. Duties you perform _____

2a. Business Name _____ City/State _____

Position/Title _____ Years Position Held _____

2b. Duties you perform _____

3a. Business Name _____ City/State _____

Position/Title _____ Years Position Held _____

3b. Duties you perform _____

4a. Business Name _____ City/State _____

Position/Title _____ Years Position Held _____

4b. Duties you perform _____



SECTION IV

Student Essay

Use additional pages if necessary.

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

2. Why are you deserving of this scholarship?



SECTION IV

Student essay *Continued from page 5.*

3. What are the three trends or challenges you believe grocers will need to implement or meet to assure their success in 2023? Please be detailed and specific with your answer.

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 **April 14, 2023** 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:

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- 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 2022.
- carry a nine-hour credit load.
- 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 dues-paying member of the Wisconsin Grocers Association and Your Store Scholarship program.

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

(Choose 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
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 or your business 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 April 14, 2023.



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608.244.7150

WisconsinGrocers.com