

**Wisconsin Grocers Association *Your Store Scholarship Program***

2023-2024 Academic Year  
**Vocational or Technical School  
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 vocational or technical school 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 vocational/technical school students must have worked a minimum of 10 weeks or 250 hours in 2022.
- Carry a nine-hour credit load.
- Have maintained a C grade average (2.0 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](mailto: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:

Employer evaluation/recommendation	30 points
Academic achievement	25 points
Honors/extracurricular activities	20 points
Occupational goals	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 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).

## 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

### **Achievements, Experience and Goals**

Use additional pages if necessary.

List academic achievements, including any honors/awards received, including extra-curricular activities.

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

List any leadership experience and community involvement.

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

What are your career goals?



## 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 \_\_\_\_\_

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

Position/Title \_\_\_\_\_ Years Position Held \_\_\_\_\_

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

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

Position/Title \_\_\_\_\_ Years Position Held \_\_\_\_\_

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

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

Position/Title \_\_\_\_\_ Years Position Held \_\_\_\_\_

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

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Wisconsin Grocers Association *Your Store Scholarship Program*

2023-2024 Academic Year  
Technical or Vocational School  
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 **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:

- be attending a vocational or technical school 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 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, 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**

(Circle appropriate number)

	Excellent	Good	Fair	Poor
Organization	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 is 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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