

GROCERY HEROES

SCHOLARSHIPS & TUITION REIMBURSEMENT

PROGRAM GUIDELINES



SuperMarket SuperHeroes can pay for school and training for themselves and their family!

GROCERY HEROES

SCHOLARSHIPS & TUITION REIMBURSEMENT GUIDELINES



The Ohio Grocers Association and the Youngstown Area Grocers have established complementary Tuition Reimbursement and Scholarship Programs to provide financial support to those members' employees and their dependents enrolled in college or continuing education programs. Various scholarship and financial aid opportunities are available to those who qualify.



SCHOLARSHIPS are typically awarded in \$1,000 amounts



SCHOLARSHIPS are provided through the Youngstown Area Grocers Trust and the Ohio Grocers Foundation



SCHOLARSHIPS are awarded at one year increments and renewable upon re-application



NOTE

The Scholarship and Tuition Assistance process has been streamlined to involve only ONE application (and requested support materials). Be sure to thoroughly review the criteria for eligibility and requirements for application. Scholarships will be awarded through a committee selection process to those applicants best-qualified to receive them.

SCHOLARSHIPS AVAILABLE



Ohio Grocers Foundation Scholarships

The Ohio Grocers Foundation (OGF) Scholarship Program in 2015 to complement the Tuition Reimbursement Program. This program is designed to provide financial support to food industry member employees and their dependents.

- At least 1 - \$1,000 Scholarship will be awarded.
- Three (3) - \$1,000 Legacy Scholarships will be awarded:
 - >Dodds-Buchanan Scholarship
 - > Tom Jackson Scholarship
 - >Gary Crawford Scholarship



Youngstown Area Grocers Scholarships

Youngstown Area Grocers, under the management of the Ohio Grocers Association, have established a

. The program offers multiple scholarships:

- Henry Nemenz Sr. Scholarship (\$1,000)
- Youngstown Area Grocers Scholarship (\$1,000)

Scholarship Program to provide financial support to area grocers' employees and their dependents who are enrolled in college.



For more information on scholarships, tuition reimbursement or the application process, contact Kristin Mullins at kristin@ohiogrocers.org or direct: **614-579-4492**

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SCHOLARSHIP ELIGIBILITY

1. Employer company is a member of the Ohio Grocers Association (OGA) or former member of the Youngstown Area Grocers Association (YAGA).
2. Employed at OGA (or YAGA) member company for at least one year.
3. Applicant must be an employee or dependent of an employee of an OGA (or YAGA) member company.
4. Applicant must be a High School Senior or College (Graduate or Undergraduate) student.
5. Applicant or parent of the applicant must be employed by the OGA (or YAGA) member at the time of the announcement of the scholarship winner.

SCHOLARSHIP CRITERIA/REQUIREMENTS

1. Minimum GPA of 2.5 on a 4.0 scale.
2. Business or industry-related major or field of study.
3. At least one letter of recommendation from a teacher, guidance counselor, professor or supervisor/manager.
4. High School and/or College transcript (if applicable).
5. High School and/or College activities/extra-curricular activities (if applicable).
6. Community involvement and volunteerism (if applicable).

TO APPLY:

1. Complete the Application Form (included with this document - pages 3 and 4). Application forms can also be found online at www.ohiogrocersfoundation.org
2. Submit the High School Record Request to your HS Guidance Office/Counselor (page 5 of this document).
3. Obtain High School Record and/or College transcript(s) if applicable.
4. Obtain at least one Letter of Recommendation.
5. Submit the application and supporting documents via email to kristin@ohiogrocers.org



PLEASE NOTE APPLICATION DUE DATES.

SCHOLARSHIP APPLICATION DUE DATE: **MAY 1**

TUITION REIMBURSEMENT APPLICATION DUE DATE: **APRIL 15 and OCTOBER 15**



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By completing this application you will be considered for the various Scholarships listed on page 1 of this document. Be sure to read and acknowledge the Eligibility and Criteria Requirements indicated on page 2 of this document as you complete your application to ensure proper processing and consideration.

APPLICANT INFORMATION

Name _____
First Middle Initial Last

Home Mailing Address _____
Street City State Zip Code

Phone Number _____ E-mail Address _____

I presently attend: ☐ High School ☐ College ☐ Vocation/Technical School ☐ Not Attending

Name of Present School: _____

Location _____
City State Zip Code

In the fall, I will be a _____
(Freshman, Sophomore, Junior, Senior, or in Graduate School)

and I plan to attend _____
(Name of College or School)

Location _____
City State Zip Code

Major/Field of Study _____

ELIGIBLE EMPLOYEE INFORMATION

Check the box of the person who is the employee of the OGA member company

☐ My Father ☐ My Mother ☐ My Step-Parent ☐ My Legal Guardian ☐ Myself

Name of Employee _____

Hire Date (Month/Year) _____

Member Store/Company Name _____

Store Location/Address _____
Street City State Zip Code

Store Phone Number _____ Position at Store/Company _____



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APPLICANT INFORMATION

HIGH SCHOOL AND/OR COLLEGE ACTIVITIES

List your involvement in extracurricular activities in High School (class or school offices, athletics, band, arts, dramatics, debate, school publications, clubs, etc.):

- 1 _____
- 2 _____
- 3 _____

List your involvement in extracurricular activities in College (if applicable):

- 1 _____
- 2 _____
- 3 _____

COMMUNITY INVOLVEMENT/VOLUNTEERISM

List your involvement in Community Service activities and Volunteer positions:

- 1 _____
- 2 _____
- 3 _____

EMPLOYMENT HISTORY

Are you currently employed? Yes ☐ No ☐ If "Yes" please list current job first.)

List your work experience over the past three (3) years:

EMPLOYER NAME	EMPLOYMENT DATES	POSITION AND/OR JOB DUTIES

I certify, to the best of my knowledge, that the information on this application is complete and accurate. I agree to report any factors that could affect consideration of my application. I understand that failure to provide accurate and complete information could mean withdrawal of scholarship monies.

Applicant's Signature _____ Date _____



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APPLICANT INFORMATION



HIGH SCHOOL RECORD REQUEST FORM

ALL Applicants must complete steps 1-3.

1. Complete the student information request section below.
2. Email or submit this form to your high school Guidance Office or Guidance Counselor.
3. Have this form and the attached student record postmarked by May 1.

NOTE: A High School record is needed regardless of the applicant's year in College.

STUDENT INFORMATION

Name _____
First Middle Initial Last

Home Mailing Address _____
Street City State Zip Code

Phone Number _____ E-mail Address _____

Year of High School Graduation _____ Social Security Number _____

To comply with the provisions of the Family Educational Rights and Privacy Act of 1974, I hereby give permission to school offices to release my secondary school record and other requested information.

Applicant's Signature _____ Date _____

GUIDANCE COUNSELOR: This student is applying for a Scholarship. Please complete steps 1-4.

1. Attach a copy of the student's High School record, including class rank and test scores.
2. Complete the boxes below with requested information.
3. Sign the certification statement below.
4. Email this form – with records attached – or return to student for mailing by the **May 1 postmark deadline.**

HIGH SCHOOL GPA	CLASS RANK	CLASS SIZE	ACT - COMPOSITE	SAT - VERBAL	SAT - MATH

I certify that all the information on the form is correct, and that the student's high school record is attached.

Counselor's Signature _____ Date _____

Office Phone Number _____ Email Address (optional) _____



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APPLICATION CHECKLIST

To ensure that you have completed the Application process and provided the necessary support documentation, please review the checklist below.

- ☐ Application is complete and signed
- ☐ High School Record is enclosed (or being mailed by my HS guidance office)
- ☐ College Transcript is enclosed (or being mailed by college)
- ☐ At Least One Letter of Recommendation is enclosed (or being mailed)

PLEASE NOTE: **ALL MATERIALS MUST BE SUBMITTED BY MAY 1.**

The most efficient submission process would be email, however, a postal mail option is available.

Please submit application and supporting materials via email to kristin@ohiogrocers.org

For postal mail:

Ohio Grocers Association GROCERY HEROES
Scholarship and Tuition Assistance Program
1391 W. 5th Ave #302 Columbus, OH 43212

Thank you, Heroes!

The Ohio Grocers and Youngstown Area Grocers GROCERY HEROES Scholarship and Tuition Assistance Program is Here to Support Employees and Their Dependents.



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