



# NORTH DAKOTA GROCERS ASSOCIATION

3155 Bluestem Dr. #378, West Fargo, North Dakota 58078, | Phone (701) 223-4106 | [www.ndgrocers.com](http://www.ndgrocers.com)

## To the Applicant (Must be a 2022 High School Senior)

You must complete this application online; copy and paste this link to the NDGA Scholarship Application. After completing the application online print and acquire all needed signatures. If you need more space for supporting documents, they must be typed.

Complete the sections of this application and forward to:

**NDGA, Bronson Scholarship, 3155 Bluestem Dr. #378 West Fargo, ND 58078,  
or Scan to [jiggsdyste@gmail.com](mailto:jiggsdyste@gmail.com)**

You are responsible for seeing that this application is complete when submitted. NDGA and its affiliate programs reserve the right to process only applications found to be complete as of the application postmark deadline of March 18, 2022.

### REMEMBER:

- ▶ You must be presently employed in the supermarket/grocery industry of a NDGA member and have been so far for at least one (1) year.
- OR-
- ▶ One or both of your parents or legal guardians must be presently employed in the supermarket/grocery industry of a NDGA member and have been so far for at least two (2) years.
- ▶ Be Attending a Vocational College or University in Fall of 2022

### CERTIFICATION AND PERMISSION TO USE "RECIPIENT INFORMATION" TO ANNOUNCE SCHOLARSHIP WINNERS

In submitting this application, I certify that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any scholarship granted. I agree that if I am offered and accept an award from the North Dakota Grocers Association, the Association may use my name, the name of my community, the name and address of my school, the amount of the award, and the name of the post-secondary institution. I will attend (my "recipient Information") in press releases, public announcements, and other fundraising or promotional materials in all media (including the internet.)

APPLICANTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

PARENT SIGNATURE (IF STUDENT IS UNDER 18 YEARS OLD): \_\_\_\_\_

STORE NAME: \_\_\_\_\_ LOCATION: \_\_\_\_\_

MANAGER/OWNER NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MEMBER/OWNER OR MANAGER SIGNATURE: \_\_\_\_\_



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## RICHARD BRONSON SCHOLARSHIP APPLICATION 2021-2022 ACADEMIC YEAR

### Instructions:

- ▶ Please Type or Print your answers
- ▶ Must include email address- All communications will be made via email
- ▶ High School students are eligible if meet all criteria (See page 1)
- ▶ Deadline: Completed applications must be Postmarked by March 18, 2022

### STUDENT NAME AND CONTACT INFORMATION

NAME OF APPLICANT: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

If employed by a North Dakota Grocers Association Member Business complete the following:

OCCUPATION: \_\_\_\_\_ YEARS OF EMPLOYMENT: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

OWNER/MANAGER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_



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## SCHOLARSHIP CRITERIA:

Award Winners will be determined by the NDGA Scholarship selection committee. All student, parent and employer information are required prior to submission to selection committee. The selection committee evaluates the following criteria for students applying for the Scholarship:

<input type="checkbox"/>	Academic Achievements	25
<input type="checkbox"/>	Leadership/Extra Curricular Activities/Work experience	30
<input type="checkbox"/>	Essay	20
<input type="checkbox"/>	Education/Employer Letter(s) of Recommendation	25

Total Possible: 100

## SCHOLASTIC INFORMATION:

HIGH SCHOOL: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

NAME OF SCHOOL OFFICIAL: \_\_\_\_\_

POSITION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CURRENT OFFICIAL SCHOOL TRANSCRIPTS INCLUDED (CHECK BOX FOR YES) :

STUDENTS ACT OR SAT SCORE: \_\_\_\_\_ GPA \_\_\_\_\_

NAME/POSITION OF SCHOOL OFFICIAL: \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL: \_\_\_\_\_



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## POST SECONDARY SCHOOL INFORMATION: In Fall of 2022 Student will be enrolled in:

- Technical College /Trade School       College/University

SCHOOL YOU PLAN TO ATTEND IN FALL 2022: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

YOUR MAJOR FIELD OF STUDY:

## ACADEMIC RECORD AND ACHIEVEMENTS: *(USE ADDITIONAL PAGES IF NECESSARY)*

LIST HONORS/AWARDS YOU HAVE RECEIVED:

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

LIST OFFICES OR LEADERSHIP POSITIONS YOU HAVE HELD; INCLUDE NAME OF THE ORGANIZATION:

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

LIST OTHER EXTRACURRICULAR ACTIVITIES AND COMMUNITY SERVICES IN WHICH YOU HAVE BEEN INVOLVED:

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



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## STUDENT ESSAY: (USE ADDITIONAL PAGES IF NECESSARY)

### 1. WHAT ARE YOUR CAREER GOALS (SHORT-TERM AND LONG-TERM) AFTER COMPLETING YOUR EDUCATION?

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### 1. WHY ARE YOU DESERVING OF THIS SCHOLARSHIP?

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