



NORTH DAKOTA GROCERS ASSOCIATION

3155 Bluestem Dr. #378, West Fargo, North Dakota 58078, | Phone (701) 223-4106 | 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**

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?

1. WHY ARE YOU DESERVING OF THIS SCHOLARSHIP?
