



## TEAM MEMBER SCHOLARSHIP APPLICATION

To apply for assistance, you must be actively employed with United Supermarkets for a minimum of **six (6) months and have attached documentation showing that you or your dependent is are currently enrolled in at least six (6) credit hours at a college or university with a minimum cumulative GPA of 2.5.** Please complete this application in its entirety to expedite processing of your application.

You will be notified within 30 days of receipt of the completed application the Team Member Scholarship Committee's decision. Decisions of the committee are final.

Date \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Team Member # \_\_\_\_\_

Store # \_\_\_\_\_ Current Position \_\_\_\_\_ Hire Date \_\_\_\_\_ Full Time/Part Time (circle one)

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Please provide an explanation of the suggestion that identifies a specific solution and proposes suitable recommendations to enhance the efficiency and effectiveness of United Supermarkets, LLC through increased productivity, reduced costs, improved and safer working conditions, conservation of resources, improved guest services, non-traditional methods of reaching new or specific demographics and increased revenue/profitability.

Please provide a detailed description of your suggestion.

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Please define/calculate the anticipated implementation costs.

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Please describe the objective of your suggestion.

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Please describe the expected outcome of and timeline for implementing your suggestion.

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Please send all application documents to the attention of:

Team Member Benefits Department  
7830 Orlando Avenue  
Lubbock, TX 79423

You may also fax all documentation to (806) 791-6341.

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Date

**(OFFICE USE ONLY)** FOR \_\_\_\_\_ AGAINST \_\_\_\_\_ Request Approved:  Yes  No

Amount Approved \_\_\_\_\_

\_\_\_\_\_ Signature

\_\_\_\_\_ Date