

# NORTH EASTERN STORE OWNERS MEMORIAL SCHOLARSHIP

## IN MEMORY OF

## GERALD (JERRY) COYNE and RON RAPP

### Who is eligible?

All Team Members who are currently employed at a qualifying Dairy Queen and are planning to attend college in the fall. (multiple Team Members per store can apply)

### How do Team Members Apply?

All Team Members must be recommended in writing by either the Store Owner or General Manager. All eligible stores may obtain the applications online at [nesonews.com](http://nesonews.com)

The store owner or general manager must write and submit a letter of recommendation to be submitted along with the Team Members completed application. Applications must be submitted by **July 15**. (Faxed or emailed Applications must be received by **July 15**. Mailed Applications must be postmarked by **July 15**)

### The criteria used to award the scholarship

All applications will be reviewed by a committee of NESO Board Members and will be based on the store owner or general manager's recommendation letter, school history and grades, extra-curricular activities, awards & Honors, community service and any other letters of recommendation submitted.

The Team Member will be notified if they are chosen as a Scholarship recipient.

# NORTH EASTERN STORE OWNERS MEMORIAL SCHOLARSHIP

SCHOLARSHIP AMOUNT - \$500.00

APPLICATION DEADLINE JULY 15

\*Attach additional pages if needed

## PERSONAL INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

**PLEASE ATTACH LETTER OF RECOMMENDATION FROM STORE OWNER OR GENERAL MANAGER.**

**LETTERS OF RECOMMENDATION in addition to Owner/General Manager Letter**

**\*Do Not List Store Operator or General Manager here**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**SCHOOL** (If applicable) please attach a separate sheet if needed.

GPA \_\_\_\_\_

Awards & Honors \_\_\_\_\_

Extra-Curricular Activities \_\_\_\_\_

Guidance Counselor/ School Rep Comments \_\_\_\_\_

Guidance Counselor/School Rep Name \_\_\_\_\_

**COMMUNITY SERVICE** (If any)

\_\_\_\_\_

**GOALS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DAIRY QUEEN JOB**

Years of service at DQ: \_\_\_\_\_

Tell us how your employment at Dairy Queen has helped you grow individually  
(attach a separate page if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied and been accepted to the school of your choice. \_\_\_\_\_

If yes what is the school's name. \_\_\_\_\_

I certify the information provided in this application is, to the best of my knowledge, true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# NORTH EASTERN STORE OWNERS MEMORIAL SCHOLARSHIP

## STORE OWNER INSTRUCTION SHEET

Store owner must be a member in good standing with NESO & DQOA.

Multi-Store owners must have current memberships for all stores.

The store owner or General Manager must submit a written recommendation detailing the reason they feel their Team Member(s) goes above and beyond their duties and is worthy of this scholarship. Any items you submit will be taken into consideration upon review.

Team Members completed application, Store Owner or General Manager's recommendation letter and any other letters of recommendation must be submitted by **July 15**. (Faxed or emailed Applications must be received by **July 15**. Mailed Applications must be postmarked by **July 15**)

N.E.S.O.

C/o JEFF HAYNES

317 East Maplewood Est.

Scott Depot, WV 25560

Email: [neso@suddenlink.net](mailto:neso@suddenlink.net)

Fax: 510-740-3586

Phone: 304-610-1338

## SCHOLARSHIP FUNDING CRITERIA

If the Team Member is awarded the scholarship they will be required to furnish North Eastern Store Owners the following information.

1. Team Member's full Name
2. Team Member's full Address
3. Complete name of school you are going to attend
4. Complete address of school you are going to attend
5. Your student I. D. number

Send this information to.

N.E.S.O. Office

C/o JEFF HAYNES

317 East Maplewood Est.

Scott Depot, WV 25560

[neso@suddenlink.net](mailto:neso@suddenlink.net)

Fax: 510-740-3586

Upon receiving this information North Eastern Store Owners will issue a check in the amount of \$500.00 **made out to the school** with the students name and school I. D. number listed on the check.

The check will be sent to the student and they can include it with their payment to the school.