NORTH EASTERN STORE OWNERS MEMORIAL SCHOLARSHIP

INSTRUCTIONS and APPLICATION for Team Members & General Managers / Owners

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)

Qualifying DQ - Store Owner must be a Member in good standing with NESO & DQOA for all stores owned as of June 1 of the year when application is submitted.

Team Members may continue to apply each year they are in school, even if they have been awarded a NESO scholarship in the past.

HOW DO TEAM MEMBERS APPLY?

Applications can be downloaded at www.nesonews.com and must be submitted as follows:

OWNER OR GM Instructions:

- ✓ Recommendation letter (1 letter Required for each team member applying) by Store Owner or General Manager detailing the reason they feel their team member should receive the scholarship. This letter carries significant weight towards the applicant's evaluation by the scholarship committee. It should include qualities, achievements, strengths and employment history etc. of the applicant.
 - ✓ PLEASE include in the letter, the name of the team member, IDQ# and address of the store they work.
 - ✓ Also include the contact info including email address of the owner/GM that is writing the letter.

Note: This Recommendation letter can be submitted by the Team Member Applicant along with their Scholarship Application **or the Owner/GM can submit it separately to the NESO office if preferred for privacy.**

TEAM MEMBER APPLICANT Instructions:

✓ Application must be hand written by the Team member on the original downloaded form. No typewritten re-productions of the application.

- ✓ Letters of recommendation may be type-written.
- ✓ Before submitting Application...gather all documents to be sent as one submission.
- ✓ <u>Submit Application along with all supporting documents via email, fax, snail mail,</u> Fedex, UPS etc.
 - *If emailing or faxing: Please make ONE submission per applicant that includes ALL documents for that applicant in ONE continuous scan or fax.
 - * If emailing or faxing, do not send multiple scans of individual pages.
 - * If emailing or faxing, do not send individual photos of pages taken with your camera.
 - * If application and documents cannot be sent as ONE continuous SCAN OR FAX, please submit your application and documents by mail.
 - * Exception: The Owner/GM recommendation letter may be submitted separately by Owner/GM if preferred for privacy.
- ✓ Applications must be received by the NESO office no later than June 1 to be considered.
- ✓ Applications may be submitted by email to nesoscholarship@gmail.com, fax-510-740-3586, or mail to NESO Scholarship Fund c/o Jeff Haynes, 67 Vanderlin Ct. Fuquay Varina NC 27526.
- ✓ Note: Applicant is responsible to confirm that the application is received by the NESO office. You will receive an email confirmation when we receive it. If you do not receive that confirmation, you must assume we did not receive it, and contact the office to check status.

CRITERIA USED TO AWARD THE SCHOLARSHIP

- Recommendation letter by Store Owner or General Manager
- School History and GPA
- Extra-curricular activities
- Awards & Honors
- Community Service
- Letters of recommendation from guidance counselors, previous employers etc.

The Applicant and Store Owner/GM will be notified with results by Sept 1.

SCHOLARSHIP FUNDING CRITERIA

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

- Team member's full name and address
- School's name and address you are planning to attend

• Your student I. D. number if applicable

Note: The check will be made payable to the school not the student. <u>Confirm with the school</u> <u>exact instructions on who to make check payable to, mailing address and any information to include on the check connecting it to the student.</u>

N.E.S.O. Office C/o JEFF HAYNES 67 Vanderlin Ct. Fuquay Varina NC 27526 nesoscholarship@gmail.com

Voice: 304-610-1338 Fax: 510-740-3586

NORTH EASTERN STORE OWNERS MEMORIAL SCHOLARSHP Application Form

APPLICATION DEADLINE - Must be received at NESO Office by JUNE 1

Application(2 pages) Must be handwritten by Applicant. No typewritten re-creations *Attach additional pages if needed *Attachments may be typewritten

Phone Email DAIRY QUEEN EMPLOYMENT Full Address of DQ where you work Store IDQ# (get this from the owner or GM) Name of Owner Name of GM (if applicable) How long have you worked at DQ? Fell us how your employment at Dairy Queen has helped you grow individually	Name		Date		
Street City State Z Phone Email DAIRY QUEEN EMPLOYMENT Full Address of DQ where you work Store IDQ# (get this from the owner or GM) Name of Owner Name of GM (if applicable) How long have you worked at DQ? Fell us how your employment at Dairy Queen has helped you grow individually attach a separate page if needed)	lome Address				
Address of DQ where you work					Zip
Full Address of DQ where you work	Phone		Email		
Store IDQ# (get this from the owner or GM) Name of Owner Name of GM (if applicable) How long have you worked at DQ? Fell us how your employment at Dairy Queen has helped you grow individually attach a separate page if needed)	DAIRY QUEEN EM	PLOYMENT			
How long have you worked at DQ? Tell us how your employment at Dairy Queen has helped you grow individually (attach a separate page if needed)	Full Address of DQ	where you work			
Name of GM (if applicable) How long have you worked at DQ? Tell us how your employment at Dairy Queen has helped you grow individually (attach a separate page if needed)					
How long have you worked at DQ? Tell us how your employment at Dairy Queen has helped you grow individually (attach a separate page if needed)					
Tell us how your employment at Dairy Queen has helped you grow individually (attach a separate page if needed)					
(attach a separate page if needed)					
	•		en has helped you g	row individuall	У
	attach a separate	page ii needed)			

LETTERS OF RECOMMENDATION (attached) Owner or GM Letter REQUIRED

Owner or GM		
Letter #1 Name	Relationship/Title	
Letter #2 Name	Relationship/Title	
Letter #3 Name	Relationship/Title	
ACHIEVEMENTS please at	tach a separate sheet if needed.	
GPA (required)		
Awards & Honors		
Extra-Curricular Activities		
COMMUNITY SERVICE		
GOALS		
I certify the information pro	ovided in this application is, to the begly withheld any facts or circumstanc	est of my knowledge, true and
Signature of Applicant		Date
Signature of Parent/Guard	ian	Date