



TEAM MEMBER SCHOLARSHIP APPLICATION

To apply for assistance, you must be actively employed with United Supermarkets for a minimum of **six (6) months**. 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.

Please define/calculate the anticipated implementation costs.

Please describe the objective of your suggestion.

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

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