

**United Food and Commercial Workers
and Food Employers Labor Relations Association
Scholarship Program**

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

*A Program of the
FELRA and UFCW
Health & Welfare Fund*

4301 Garden City Drive, Suite 201
Landover, Maryland 20785-6102
Telephone: (301) 459-3020
(800) 638-2972
www.associated-admin.com

2016 Annual Scholarship Preliminary Application

Attention: Employees of Shoppers Food Warehouse

If you work for Shoppers Food Warehouse, under the provisions of your employer's collective bargaining agreement, you and your dependents may be eligible to apply for a scholarship from the UFCW and FELRA Scholarship Program.

The Scholarship Program expects to award scholarships to a select number of eligible participants and their dependents who will be enrolled in an accredited college, university, community college, vocational school, or trade or technical school as a full-time student in the fall of 2016. Participants and their dependents are eligible to apply for a scholarship award if, as of December 31, 2015, the participant completes at **least one uninterrupted Year of Service and is actively employed by Shoppers Food Warehouse**. In addition, on December 31, 2015, dependent child applicants must be **under the age of 24, unmarried and a dependent of the participant for federal income tax purposes**.

Applicants who submit preliminary applications and meet the initial scholarship award requirements will be **mailed a full application in early January 2016**.

IMPORTANT: If your dependent does not have medical coverage through the Fund Office, please include a copy of a marriage certificate (if spouse), or birth certificate or custody order (if child) with the preliminary application.

PRELIMINARY APPLICATION MUST BE POSTMARKED BY DECEMBER 31, 2015.

Cut, complete and mail to: UFCW & FELRA Scholarship Program, 911 Ridgebrook Road, Sparks, MD 21152-9451.

Employee's Information:

Name (Please Print) _____ Last Four Digits of Social Security Number _____

Employer _____ Employee's Email Address _____

Employee's Home Address _____
Street Number City State Zip Code

Applicant's Information:

Name (Please Print) _____

Applicant's Home Address _____
(If different from Employee's address) Street Number City State Zip Code

Date of Birth (If Dependent of Employee) _____ Email Address _____

Remember: Entry Deadline Is December 31, 2015.