



2021

Scholarship Program

*Helping to support higher education for
our employees, members and children.*



The Scholarship Program

The West Virginia Oil Marketers and Grocers Association (OMEGA WV) is pleased to offer a scholarship program designed to assist our members, children of members, employees of members and children of employees of members. The OMEGA WV Scholarship Program provides scholarships to high school seniors or graduates and college undergraduates enrolled in a full-time undergraduate course of study at a college or university.

Eligibility

Anyone who is an **active grocer, petroleum markers or convenience store member**, the child of a these members, the employee of a member or the child of an employee of a member of OMEGA WV is eligible. **Associate members and employees are not eligible.**

- Applicants must be employed by a member or their parent employed by a member for a minimum of one year as of the application deadline.
- The Applicant's employer must be an OMEGA WV member in good standing for a minimum of one year as of the application deadline.
- High school seniors or graduates and college undergraduates who are enrolled or will be enrolled in a full-time undergraduate course of study at a college or university.

Awards

Ten \$1000 scholarships will be awarded for one full year of study. Students may reapply to the program each year they meet eligibility requirements.

Selection of Recipients

Scholarship recipients are selected on the basis of academic record, leadership, potential to succeed and participation in community and school activities, honors, work experience, a statement of education and career goals and financial need.

Applications

To be received from February 1 through May 1 of each year. Awards announced in early June of each year.

Selection

A team of educators will select the recipients.

Payment of Scholarship

OMEGA WV will pay scholarship awards prior to payment being due to the college or university. Checks will be mailed to each recipient's home address and will be made payable, jointly, to the recipient and the school and must be endorsed by both.

This application may be copied and distributed to your employees.

2021 APPLICATION FOR SCHOLARSHIP

I. Applicant Data

Full Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Social Security No. _____

Age _____ Date of Birth _____

Have you received this scholarship in the past? _____ Yes _____ No

II. Employee Parent or Guardian Information

Full Name _____
(Last) (First) (Middle)

Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Employer _____ Social Security No. _____

Work Address _____

City _____ State _____ Zip _____

Relationship to Applicant _____

The applicant is a dependent of the employee _____ Yes _____ No

Are you a high school or college student? _____

III. High School Data

High School Name _____ Telephone _____

City _____ State _____ Zip _____

Graduation Date _____ **G.P.A.** _____

Have you applied for the Pell Grant or other financial aid? _____

Guidance Counselor Name _____

IV. Post Secondary School Data

Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Use official school names.

_____ City _____ State _____

_____ City _____ State _____

_____ 4 yr. College or University _____ 2 yr. Community or Junior College

Year in post-secondary program next school year: 1 2 3 4 5 or Graduate Study

If currently attending college, what is your **G.P.A.**? _____

Major or course of study _____

Anticipated date of graduation _____
(Month) (Year)

Student will: _____ live **on** campus _____ live **off** campus _____ commute from home

If school is a public institution, applicant will pay: _____ in-state tuition _____ out-of-state tuition

V. Activities, Awards and Honors

List all school activities in which you have participated during the past four years (e.g. student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g. Boy/Girl Scouts, hospital volunteer, Special Olympics). Indicate all special awards, honors and offices held. Separate high school from college activities.

| Activity | # of Years Participated | Special Awards/Honors | Offices Held |
|-----------------|--------------------------------|------------------------------|---------------------|
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VI. Goals and Aspirations

Make a statement of your plans as they relate to your educational and career objectives and future goals.

VII. Work Experience

If you have work experience, please outline.

| Year | Employer | Brief Description |
|-------------|-----------------|--------------------------|
| | | |
| | | |
| | | |

VIII. References

Please list three references with at least one of these three being a teacher at your current school.

| Name | Occupation | Address | Phone |
|-------------|-------------------|----------------|--------------|
| | | | |
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Please return application by May 1st to:



For questions, please email Missy Morgan at missy@omegawv.com or call 304.343.5500.