



## Scholarship Application

### SUPERVISOR/EMPLOYER RECOMMENDATION

An employee of your store/company has applied for a WFIA Educational Foundation Scholarship. The scholarship is in the form of reimbursement to WFIA members who are providing financial support to employees attending one of the WFIA featured programs. Reimbursement occurs after successful completion of the program. Please help us consider the application by answering the following questions and sending this form to us by one of the methods indicated at the bottom of this page. If you have any questions, please contact us at 360 753 5177.

1. Applicant Information		
<b>Applicant's Name</b>	Applicant's Name	
<b>Position/Title</b>	Position/Title	
<b>Store Name</b>	Store Name	
<b>Store Address</b>	Store Address	City

2. Supervisor/Employer Information		
<b>Name and Title</b>	Name	Title
<b>Contact Info</b>	Email Address	Area Code + Phone Number
<b>Relationship to Applicant</b>	Relationship to Applicant	

3. Recommendation
Please discuss this employee's strong points and why the scholarship request should be granted.
Click here to enter text.

**Please send this completed recommendation form to the WFIA Educational Foundation via one of the following methods.**

- Email: [robert@wafood.org](mailto:robert@wafood.org)
- Fax: Educational Foundation: 866 478 2696
- Mail it to: WFIA Educational Foundation  
P. O. Box 706  
Olympia, WA 98507-0706