

### **ABOUT THE PROGRAM**

G3 Industries is proud to offer the G3 Scholarship Award, designed to assist the children and grandchildren of the company's employees achieve their goal of a higher education.

The goal of this program is to further G3's commitment to higher education by recognizing and rewarding the achievements of our children today in order to better prepare them to become outstanding leaders tomorrow.

As is true with all company programs, these awards will be granted without regard to race, color, creed, religion, gender, disability, or national origin.

### **ELIGIBILITY**

Applicants must be dependent\* children/stepchildren or grandchildren up to age 25 of regular G3 employees who have a minimum of one year of service with the company as of the application deadline.

\* Dependent children are defined as natural and/or legally adopted children/stepchildren or grandchildren living in the employee's household or primarily supported by the employee.

Applicants must be high school seniors or graduates who plan to enroll, or students who are already enrolled, in a full-time undergraduate course of study at an accredited two- or four-year college, university, or vocational / technical school.

### **ABOUT THE AWARD**

- Up to two awards of \$2,500 each will be granted each year.
- Financial need will be considered. If the top candidates are equivalent based on merit, financial information will be used to determine the recipients.
- Awards are not renewable; however, students may reapply to the program each year they meet eligibility requirements.
- Awards are for undergraduate study and will be applied toward tuition, books fees, supplies, and/or room & board only.

### **APPLICATION**

Interested students must complete an application and email to hr@g3industries.com or mail it along with a current transcript of grades to G3 Scholarship Committee, 1450 Don's Way, Kronenwetter, WI 54455 **postmarked no later than November 10, 2023.** To receive an application, contact the Human Resource Department or visit G3's website: www.g3industries.com

Applicants are responsible for gathering and submitting all necessary information. On-line transcripts must include student's name, school name, grades, number of credits and term in which credits were taken. Grade reports are not acceptable. Applications are evaluated on the information supplied; therefore, it is important to answer all questions as completely as possible. All information received is considered confidential and is reviewed only by the G3 Scholarship Committee.

## **SELECTION OF RECIPIENTS**

Scholarship recipients are selected on the basis of academic record, potential to succeed, leadership and participation in school and community activities, work experience, statement of educational and career goals, unusual personal or family circumstances, and an outside appraisal. If the top candidates are equivalent based on merit, financial need will be used to determine the recipients.

Selection of recipients is made by the G3 Scholarship Committee. All applicants agree to accept the decision as final.

Should a top applicant be a prior award recipient, the G3 Scholarship Committee may, in its discretion, award a non-equivalent candidate in the following circumstance: If, in the absence of the prior award recipient's reapplication, the non-equivalent candidate would otherwise have been a first time recipient.

### **PAYMENT OF SCHOLARSHIPS**

On behalf of G3 Scholarship Committee, G3 will process scholarship awards. The check will be mailed to each recipient's home address and will be made payable to the school for the student.

## **OBLIGATIONS**

Recipients have no obligation to G3 Industries. They are, however, required to notify G3 Scholarship Coordinator of any changes of address, school enrollment, or other relevant information and to supply the G3 Scholarship Committee with a complete transcript when requested.

### **REVISIONS**

G3 Industries reserves the right to review the conditions and procedures of the scholarship program and to make changes at any time, including termination of the program.

### **ADDITIONAL INFORMATION**

Contact the Human Resource Department at (715) 693-1450 ext. 338, with questions regarding the scholarship program or to receive an application.

Questions regarding the scholarship program can also be addressed to:

#### The G3 Human Resource Department:

Lisa Chaplinski 1450 Don's Way Kronenwetter, WI 54455 (715) 693-1450 ext. 338

COMPLETED APPLICATIONS SHOULD BE EMAILED OR MAILED DIRECTLY TO:

G3 SCHOLARSHIP COMMITTEE 1450 DON'S WAY KRONENWETTER, WI 54455 EMAIL: hr@g3industries.com

### **G3 SCHOLARSHIP ANNOUNCEMENT**

G3 Industries will announce the Scholarship recipients as awarded both on the G3 website in the local newspaper and at company employee meetings.



# THE G3 INDUSTRIES SCHOLARSHIP AWARD

| G3                                                      | ID #             | AA             | PD            | RIC/CS          | GPA             | SATCR          | SATM            | SATW           | ACTC                      | TOTAL       |  |
|---------------------------------------------------------|------------------|----------------|---------------|-----------------|-----------------|----------------|-----------------|----------------|---------------------------|-------------|--|
| SCHOLARSHIP<br>USE ONLY                                 |                  |                |               |                 |                 |                |                 |                |                           |             |  |
| Instructions: Ple<br>space on page :<br>name, address ; | 2 or on addition | onal sheets of | paper using   | the same form   | iat. DO NOT r   | epeat informa  | tion already re | eported on the | application for           | orm. Your   |  |
| APPLICANT DA                                            | TA               |                |               |                 |                 |                |                 |                |                           |             |  |
| LAST NAME: FIRST:                                       |                  |                |               |                 | MIDDLE INITIAL: |                |                 |                |                           |             |  |
| PERMANENT                                               | ADDRESS: _       |                |               |                 | CITY: ST/       |                |                 | TATE: ZIP:     |                           |             |  |
| PHONE:                                                  |                  |                |               |                 | DATE            | OF BIRTH: _    |                 |                |                           |             |  |
| EMAIL ADDRE                                             | SS:              |                |               |                 |                 |                |                 |                |                           |             |  |
| PLEASE INDIC                                            | CATE YOUR        | STATUS (VO     | oluntary sel  | f-identificatio | on/for statist  | ical purpose   | es only)        |                |                           |             |  |
| Male                                                    | Ame              | erican Indian  | Alaskan Nat   | ive             |                 |                |                 | ve Hawaiian/F  | Hawaiian/Pacific Islander |             |  |
| Female                                                  | Blac             | ck/African An  | nerican       |                 | Hispani         | c/Latino       | White           | e              | _Multi-racial             |             |  |
|                                                         |                  |                |               |                 |                 |                |                 |                |                           |             |  |
| EMPLOYEE PA                                             | RENT / GUA       | RDIAN / STE    | PPARENT or    | GRANDPARE       |                 | TION           |                 |                |                           |             |  |
| LAST NAME: _                                            |                  |                |               | FIRST: _        | FIRST:          |                |                 | MIDDLE         | MIDDLE INITIAL:           |             |  |
| JOB TITLE:                                              |                  |                |               | DEPART          | DEPARTMENT      |                |                 |                |                           |             |  |
| WORK PHONE                                              | ≣:               |                |               | REL             | ATIONSHIP       | TO APPLICA     | NT:             |                |                           |             |  |
| EMAIL ADDRE                                             | SS:              |                |               |                 |                 |                |                 |                |                           |             |  |
| IS APPLICANT A                                          | DEPENDEN         | T THAT LIVES   | IN THE EMPL   | _OYEE'S HOUS    | SEHOLD OR IS    | S PRIMARILY S  | SUPPORTED E     | BY THE EMPL    | OYEE?Yes                  | No          |  |
| DOES ANYONE                                             | IN THE FAMI      | LY CURRENT     | LY RECEIVE F  | REE OR RED      | UCED MEALS      | FROM SCHOO     | DL?YesN         | 10             |                           |             |  |
| HIGH SCHOOL                                             | DATA             |                |               |                 |                 |                |                 |                |                           |             |  |
| SCHOOL NAM                                              | IE:              |                |               |                 | GRADUATIO       | ON DATE:       |                 |                |                           |             |  |
| PHONE:                                                  |                  |                |               |                 | CITY:           |                |                 | STATE:         |                           |             |  |
| POST-SECONE                                             | DARY SCHOO       | OL DATA        |               |                 |                 |                |                 |                |                           |             |  |
| List name of po                                         | ost-secondar     | y school you   | plan to atten | id or schools t | to which you    | applied in orc | ler of prefere  | nce.           |                           |             |  |
|                                                         |                  |                |               | CITY:           |                 |                | STATE:          |                |                           |             |  |
|                                                         |                  |                |               |                 |                 |                |                 |                |                           |             |  |
| YEAR IN POS                                             |                  |                |               |                 |                 |                |                 |                |                           |             |  |
| MAJOR/COUR                                              | SE OF STU        | DY:            |               |                 |                 | ANTICIPA       | TED GRADU       | ATION DATE     | :                         |             |  |
| Please check a                                          | all that apply   | to the studer  | it:           |                 |                 |                |                 |                |                           |             |  |
| 4 yr. Colle                                             |                  |                | BA / BS       |                 | Will live       | on campus      |                 | Public, i      | n-state reside            | ent tuition |  |
| 2 yr. Colle                                             | -                | -              | Associate     |                 |                 | off campus     |                 |                | out-of-state tu           | ition       |  |
| Vocational                                              | / I echnical     |                | _ Certificate | •               | Commu           | ite from home  | 9               | Private i      | nstitution                |             |  |



### WORK EXPERIENCE

Describe your work experience during the past four years (e.g., food server, babysitting, cashier, office work)

| Employer / Position | From – Mo / Yr | To – Mo / Yr | Hours per Week | Were You Paid?<br>Yes / No |
|---------------------|----------------|--------------|----------------|----------------------------|
|                     |                |              |                | Yes / No                   |
|                     |                |              |                | Yes / No                   |
|                     |                |              |                | Yes / No                   |
|                     |                |              |                | Yes / No                   |

# ACTIVITIES, AWARDS, AND HONORS

List all school activities (e.g., student government, music, sport(s) and all community activities (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics), in which you participated for the past four years. Note all special awards, honors and offices held. Indicate whether high school or college activities:

| # Of Years Participated | Activity                |                     | Special Awards / Honors        | Offices Held    |  |
|-------------------------|-------------------------|---------------------|--------------------------------|-----------------|--|
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
|                         |                         |                     |                                |                 |  |
| GOALS AND ASPIRATION    | IS                      |                     |                                |                 |  |
| Make a statement of yo  | our plans as they relat | e to your education | al and career objectives and I | ong-term goals. |  |

### UNUSUAL CIRCUMSTANCES

Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.



## APPLICANT APPRAISAL (REQUIRED)

To be completed by a high school or college counselor or advisor, and instructor, or a work supervisor who knows you well. You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant; or, photocopy this section and return to applicant in a sealed envelope OR email for confidential consideration to hr@g3industries.com

| opriate                                                                                      |  |  |  |  |  |  |  |  |
|----------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|--|
| The applicant's achievements reflect his/her ability                                         |  |  |  |  |  |  |  |  |
| I                                                                                            |  |  |  |  |  |  |  |  |
| The applicant's ability to set realistic and attainable goals is                             |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |
| The quality of the applicant's commitment to school and/or community is                      |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |
| The applicant is able to seek, find, and use learning resources                              |  |  |  |  |  |  |  |  |
| I                                                                                            |  |  |  |  |  |  |  |  |
| The applicant demonstrates curiosity and initiative                                          |  |  |  |  |  |  |  |  |
| I                                                                                            |  |  |  |  |  |  |  |  |
| The applicant demonstrates good problem-solving skills, follows through, and completes tasks |  |  |  |  |  |  |  |  |
| I                                                                                            |  |  |  |  |  |  |  |  |
| The applicant's respect for self and others is                                               |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |
|                                                                                              |  |  |  |  |  |  |  |  |

### TRANSCRIPT INFORMATION

- 1. Students currently or previously enrolled in college or vocational/technical school must include all college or vocational/technical transcripts of grades. On-line transcripts must include student's name, school name, grades, number of credits and term in which credits were taken. Grade reports are not acceptable.
- 2. High school seniors and students who have not finished one full semester of post-secondary education must include a high school transcript of grades.

# OTHER AWARDS

List the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

| Name of Award | School To Which Award Will Be Applied | Amount | Check One: |         |
|---------------|---------------------------------------|--------|------------|---------|
|               |                                       | \$     | Granted    | Pending |
|               |                                       | \$     | Granted    | Pending |
|               |                                       |        |            |         |



# APPLICATION CHECKLIST

The application for a scholarship becomes complete and valid only when you have returned all of the following materials:

\_\_\_\_ Student Application and Current Complete Transcript(s) of Grades (including grading scale grade reports are not acceptable).

All materials, including transcripts must be addressed to:

The G3 Scholarship Committee Scholarship Award 1450 Don's Way Kronenwetter, WI 54455

OR

hr@g3industries.com

#### SELECTION OF RECEIPIENTS

*G3 Scholarship Committee* has the sole responsibility for selecting recipients basing the decision on criteria as set forth in the program's descriptive brochure. Decisions of Scholarship Committee are final.

## CERTIFICATION

I certify that I meet the basic eligibility requirements of the program as described in the brochure and that the information provided is complete and accurate to the best of my knowledge. If requested, I agree to give proof of information I have given on this form, including a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any scholarship granted. This application becomes the property of G3 Scholarship Committee:

Applicant: (It is recommended that you keep a copy for your files.)

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

The student is responsible for submitting all materials to G3 Scholarship Committee

Application postmark deadline: November 10, 2023