# 2026 Weis Markets Scholarship Application Employer Reference

**Applicant, if you are currently employed please download this form and email it to your supervisor after you've completed the following information:**

Applicant's Name _____
*First* *Last*

Applicant's Address _____
*Street* *City* *State* *ZIP Code*

Applicant's Phone Number (_____) _____ Applicant or Parent Associate ID#_____

**To the Employer:**

Please complete the section below and email it to the Weis Markets Scholarship Committee at HR@weismarkets.com. Submissions must be received by **March 31, 2026**.

Date of Hire/Rehire: Month _____ Year _____

☐ Full-time ☐ Part-time Hours per week worked _____

1. Please describe how well the applicant carries out his or her assigned duties.

2. Please describe the applicant's ability to interact positively with customers, co-workers or others.

3. What would make the applicant worthy of being selected for a Weis Markets Scholarship? Please be specific.

**Email all materials to:**

**HR@weismarkets.com**

**Subject Line: Weis Markets, Inc. Scholarship Program**

**Attn: Sandra Kimble**

**Employer Recommendation Checklist:**

☐ Completed Employer Recommendation Form

☐ Answered all 3 questions and sign/date form below

**Submission deadline: March 31, 2026**

Supervisor's Name (print) _____ Title_____ Telephone (____) _____

Supervisor's Signature_____ Store/Company_____ Date_____

Supervisor's Address_____
*Street Address* *City* *State* *Zip Code*

**If you have questions regarding the information being requested, please contact Weis Markets Benefits Representative, Sandra Kimble at 1-800-662-5370, extension 53271 or HR@weismarkets.com.**