

APPLICATION FOR SCHOLARSHIP GRANT

PERSONAL INFORMATION

Name:	_____	_____	_____
	last	first	middle
Permanent Mailing Address:	_____		
	_____	_____	_____
	city	state	zip
School Mailing Address:	_____		
	_____	_____	_____
	city	state	zip
E-Mail:	_____		
Phone:	_____	Fax:	_____
Social Security:	_____	Student ID:	_____

Qualifications:

- You must be attending an accredited institution of higher learning
- You must have completed one half of the requirements for a degree or certification in the program which you are currently enrolled
- You must show financial need
- You must have a 3.0 GPA or higher
- You must have a career objective in one of the areas of the Hospitality Industry (i.e., Hotel/Restaurant Management, Culinary/Foodservice, Architecture, Interior Design, etc.)

Please attach the following:

- Student essay, to include:
 - o Background of yourself and your experience
 - o Your goals and objectives after graduation
 - o What prompted you to choose this career
 - o Do you feel you made a contribution to your school program or fellow students through leadership or participation
 - o Why is obtaining this scholarship important to you
 - o If your application is not accepted, what plans do you have for financing
- Official Transcript
- Letters of recommendation from Professor, advisor and/or department head
- Letters from industry professionals, employers, etc.

Signature

Date

SCHOOL INFORMATION

Major: _____

University/College: _____

Address: _____

_____ city _____ state _____ zip

Advisor/Dept. Head: _____

E-Mail: _____ Phone: _____

Degree Objective: AA BFA Graduate Other _____

Anticipated year of graduation: _____

Units required: _____

Units completed: _____

Units currently enrolled in: _____

List classes taking in the current quarter/semester

Class name	units
_____	_____
_____	_____
_____	_____
_____	_____

Indicate the career path you will seek upon graduation, please give specific job title

Design _____ Restaurant _____

Foodservice _____ Sales _____

Hospitality _____ Other _____

Professional organizations, extracurricular activities, etc.

Have you participated in a Student Intern Program _____

Company _____ Did you find it beneficial _____

Do you feel such a program would be valuable _____

FINANCIAL INFORMATION

Estimated income during the academic year (9 months) for which the scholarship is requested		Estimated expenses during the academic year (9 months) for which the scholarship is requested	
Personal Funds <i>(cash, savings, etc.)</i>	\$ _____	Tuition and fees	\$ _____
Loans <i>(bank, etc., please specify)</i>	\$ _____	Books and supplies	\$ _____
Earnings while in school <i>(exclude college work study)</i>	\$ _____	Housing	\$ _____
Parental Support	\$ _____	Food	\$ _____
Spouse Income	\$ _____	Clothing, linen and laundry	\$ _____
Scholarship & Grants Awarded <i>(provide detailed information below)</i>	\$ _____	Personal Care	\$ _____
Other Income	\$ _____	Medical Care	\$ _____
TOTAL INCOME	\$ _____	Transportation	\$ _____
		Child care	\$ _____
		Unusual expenses <i>(explain)</i>	\$ _____
		TOTAL EXPENSES	\$ _____

Scholarships, Grants, Work-Study Grants and other Financial Aid applied for or received, attach separate page if needed:

	Applied for	Received	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
TOTAL AWARDS			\$ _____

I am currently obligated to pay _____ in student loans after graduation.

I am a former NEWH, Inc. Scholarship recipient. I received a scholarship from:

Chapter: _____ Year: _____

Work Experience: Company	Job Title	Dates	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby verify that all financial information included in this application is true and accurate. I understand that if NEWH, Inc. learns that any information included in this application is false, this application will not be considered.

Signature: _____ Date: _____