

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:
 - Background of yourself and your experience
 - Your goals and objectives after graduation
 - What prompted you to choose this career
 - Do you feel you made a contribution to your school program or fellow students through leadership or participation
 - Why is obtaining this scholarship important to you
 - 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 <u>during the academic year</u> (9 months) for which the scholarship is requested		Estimated expenses <u>during the academic year</u> (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: _____