

## 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
- Transcript
- Letters of recommendation from Professor, advisor and/or department head
- Letters from industry professionals, employers, etc.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ID CODE:

**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 \$ _____
<b>TOTAL INCOME</b> \$ _____	Transportation \$ _____
	Child care \$ _____
	Unusual expenses <i>(explain)</i> \$ _____
	<b>TOTAL EXPENSES</b> \$ _____

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"/>	\$ _____
<b>TOTAL AWARDS</b>		<b>\$</b>	_____

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: \_\_\_\_\_