

## APPLICATION FOR SCHOLARSHIP GRANT

### PERSONAL INFORMATION

Name:	_____	last	_____	first	_____	middle
<b>Permanent Mailing Address:</b>						
	_____		city	_____	state	_____
School Mailing Address:						
	_____		city	_____	state	_____
School E-Mail:	_____	<b>Permanent Email:</b>	_____			
Phone:	_____	<b>Permanent Phone:</b>	_____	Fax:	_____	
Student ID:	_____					
<b>For privacy do <u>not</u> list Social Security# (if your school uses your SSN# as your student ID please only list last 4 numbers)</b>						

### 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 \_\_\_\_\_

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Deadline: **September 30<sup>th</sup>, 2013**  
 After completion, Christine Wasmer |  
 please return to: Steering Committee Chair  
 7439 LaPalma Avenue, PMB #230  
 Buena Park, CA 90620-2698  
 Email: [wasmer@roadrunner.com](mailto:wasmer@roadrunner.com)  
 Phone: 714.670.0381

**SCHOOL INFORMATION**

Major: \_\_\_\_\_

University/College: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ city \_\_\_\_\_ state \_\_\_\_\_ zip

Advisor/Dept. Head: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Degree Objective:  Associate  Bachelor  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 \_\_\_\_\_

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**FINANCIAL INFORMATION**

Estimated income <u>during the academic year</u> (12 months) for which the scholarship is requested		Estimated expenses <u>during the academic year</u> (12 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>	<b>\$ _____</b>	Transportation	\$ _____
		Child care	\$ _____
		Unusual expenses <i>(explain)</i>	\$ _____
		<b>TOTAL EXPENSES</b>	<b>\$ _____</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. If awarded a scholarship, I understand that funds will be sent to and directly distributed through my school. Awarded funds shall be utilized to help defray the cost of tuition, books, fees and other related educational needs incurred by myself only. WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT. If I receive a NEWH Scholarship award, including the opportunity to attend a scholarship awards event ("the Event"), I hereby release, waive, discharge and covenant not to sue NEWH, Inc., its Chapters, affiliates, officers, directors, agents and employees (hereinafter referred to as "releasees") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releasees, or otherwise, while participating in the Event, or while in, on or upon the premises where the Event is being conducted, while in transit to or from the premises, or in any place or places connected with the Event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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