

APPLICATION FOR SCHOLARSHIP GRANT

PERSONAL INFORMATION

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

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: 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 _____



Must be received by:
Submit to:

May 22nd, 2014
Karen Licea
4022 Dean Martin Drive
Las Vegas, NV 89103
Email: karenlicea@yahoo.com
Phone: 702.883.1383

FINANCIAL INFORMATION

Estimated income during the academic year (12 months) for which the scholarship is requested		Estimated expenses during the academic year (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	\$ _____
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. 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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STUDENT MEMBERSHIP APPLICATION

date: _____ please return to: **NEWH Membership**
PO Box 322
Shawano, WI 54166

chapter affiliation: **Las Vegas**

ALL INFORMATION MUST BE COMPLETED FOR ACCEPTANCE INTO NEWH, INC.

personal information:

last name:	<input type="text"/>	permanent address:	<input type="text"/>
first name:	<input type="text"/>	city:	<input type="text"/>
middle initial:	<input type="text"/>	state:	<input type="text"/> zip: <input type="text"/>
area of study:	<input type="text"/>	phone:	<input type="text"/>
anticipated date of graduation:	<input type="text"/>	fax:	<input type="text"/>
		personal email:	<input type="text"/>
		spouse:	<input type="text"/>
		date of birth:	<input type="text"/>

school information:

school:	<input type="text"/>	mailing preference: home: <input type="checkbox"/> school: <input type="checkbox"/>	
address:	<input type="text"/>	year of study:	<input type="text"/>
city:	<input type="text"/>	school mailing address:	<input type="text"/>
state:	<input type="text"/> zip: <input type="text"/>	city:	<input type="text"/>
phone:	<input type="text"/>	state:	<input type="text"/> zip: <input type="text"/>
fax:	<input type="text"/>	phone:	<input type="text"/>
department head:	<input type="text"/>	school email:	<input type="text"/>
advisor:	<input type="text"/>	student or professional affiliations:	<input type="text"/>
student id no.:	<input type="text"/>		

<i>I would like to support my chapter by serving on one of the following committees:</i>	community service:	<input type="checkbox"/>	NEWHsletter:	<input type="checkbox"/>
	fund raising:	<input type="checkbox"/>	programming:	<input type="checkbox"/>
	hospitality:	<input type="checkbox"/>	scholarship :	<input type="checkbox"/>

are you interested in or currently serving in any internships

Statement of Applicant

In applying for membership in NEWH, Inc., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.

signature: date:

Statement of NEWH Member Sponsor

I have known the applicant for the required amount of time, and to the best of my knowledge and belief the applicant named here is eligible for and worthy of acceptance by NEWH, Inc.

signature: date:

Director of Scholarship and Education

signature: date:

Professor / School Official