



PERSONAL INFORMATION

Qualifications:

- ☐ Must be a currently enrolled student attending an accredited college in: Arkansas, Louisiana or Southern Texas
- ☐ Must have completed half the requirements for a degree or certification in the program you are currently enrolled
- ☐ Must show financial need and have eligible outstanding debt for tuition, books or supplies at time of scholarship award
- ☐ Must have a minimum 3.0 GPA
- ☐ 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.)

Additional requirements must be included with your application:

- ☐ 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.

Arizona – Atlanta – Philadelphia|Atlantic City – Chicago – Dallas – Houston – Las Vegas – Los Angeles Founding Chapter – New York – North Central – Northwest – Rocky Mountain – San Francisco Bay Area – South Florida– Sunshine – Toronto – United Kingdom – Washington DC Metropolitan *Regional Groups:* New England – North Carolina – Orange County – Pittsburgh – Vancouver

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SCHOOL INFORMATION

Major:	<hr/>		
University/College:	<hr/>		
College Address:	<hr/>		
	<hr/>	<hr/>	<hr/>
	city	state	zip
Advisor/Dept. Head:	<hr/>		
E-Mail:	<hr/>		Phone: <hr/>
Degree Objective:	<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor <input type="checkbox"/> Graduate <input type="checkbox"/> Other: <hr/>		
Anticipated year of graduation:	<hr/>		
Units required:	<hr/>		
Units completed:	<hr/>		
Units currently enrolled in:	<hr/>		
List classes taking in the current quarter/semester			
Class name			units
<hr/>	<hr/>		<hr/>
<hr/>	<hr/>		<hr/>
<hr/>	<hr/>		<hr/>
<hr/>	<hr/>		<hr/>

Indicate the career path you will seek upon graduation, please give specific job title			
Design	<hr/>	Restaurant	<hr/>
Foodservice	<hr/>	Sales	<hr/>
Hospitality	<hr/>	Other	<hr/>
Professional organizations, extracurricular activities, etc.			
<hr/>			
<hr/>			
<hr/>			
Have you participated in a Student Intern Program <hr/>			
Company	<hr/>	Did you find it beneficial	<hr/>
Do you feel such a program would be valuable <hr/>			

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

Current amount of debt for tuition, books or supplies through my college: <i>(Student must have eligible debt through their college for tuition, books or supplies at time of scholarship award; awarded funds are sent to and made payable to winning student(s) college).</i>	\$ _____
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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 a former NEWH, Inc. Scholarship recipient. I received a scholarship from:
Chapter: _____ Year: _____

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

I have fully completed this application, supplied all necessary information accurately, included required attachments and submitted prior to the deadline date or my application will not be considered. 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. I understand if I do not have eligible debt for tuition, books or supplies through my school at time of the scholarship award the funds will be returned to NEWH, Inc. Awarded funds shall be utilized to help defray the cost of tuition, books or supplies 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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