



NEWH
 Post Office Box 322
 Shawano, WI 54166
 800.593.NEWH fax 800.693.NEWH newyork@newh.org

NEWH Chapter/Region Memorial Scholarship Agreement

I, the undersigned, as a representative of the sponsoring company listed above, authorizing NEWH/ _____ Chapter/Region to use the company/family/individual name, logo, photos, on documents, signage, advertisement, NEWH website and social media pages, related to the stated Memorial Scholarship, subject to sponsoring company/family/individual prior written approval in each instance. Sponsoring agent also understands that by signing this form, it/they agree to ensure that payment for the event listed below will be made provided NEWH/ _____ Chapter/Region has not breached this agreement. I, the undersigned authorize NEWH to use event photos for further NEWH promotions. Payment for sponsorship is due as indicated below. I understand that failure to submit payment in full by the below referenced agreement will result in the termination of this agreement.

I agree to accept students in the following area of Hospitality studies for consideration to the Memorial Scholarship Award:

_____ (state specifically only studies the sponsor wishes to disperse winning scholarship to hotel management, culinary, interior design, architecture, etc.)

I agree that the NEWH Chapter/Region will conduct the scholarship selection process and select the winning scholarship recipient.

I agree that the name of this scholarship will be: _____

I agree to the use of the above stated scholarship name to be used on letters, marketing material, NEWH website and social media pages.

I agree to donate/sponsor the above named scholarship in the amount of \$ _____, to be given as:

1 Time Sponsorship Annually Bi-annually Other: _____

Month/Year of Memorial Scholarship Award (**chapter completes**): _____

The undersigned Sponsor is a duly authorized representative enters into this agreement with NEWH, Inc., to participate in the above named memorial Scholarship Award through a donation in the amount noted above. Sponsor agrees to pay the sponsorship fee as follows: **Invoice 100%, Payment in Full upon receipt.** A copy of this contract and any signatures herein shall be valid as an original.

 Sponsor Representative Name (*printed*)

 Sponsor Representative (*Signature/Date*)

Sponsor Representative: _____

Title: _____

Phone: _____ Email Address: _____ Website: www. _____

Mailing Address: _____ City/State/Zip: _____

Payment Information:

Company: _____

Contact Person: _____

Address: _____

City, State Zip: _____

Phone: _____

Email: _____

- **Check** - Make checks payable to NEWH, Inc. submit by mail to NEWH, Inc. PO BOX 322, Shawano, WI 54166
- **Credit Card** - check one: AMEX VISA MASTERCARD DISCOVER

Name on Card: _____ Signature: _____

Card #: _____ Exp: _____ CVC Code: _____ Total Charge: _____

Submit Your Payment

Mail Checks to: NEWH Inc., c/o Scholarship, PO BOX 322, Shawano, WI 54166
 Fax Forms to: 800.693.6394 Billing Questions? newh.scholarship@newh.org or 800.593.6394

Thank you for your leadership and active participation in **NEWH - *The Hospitality Industry Network***