

APPLICATION FOR SCHOLARSHIP GRANT

PERSONAL INFORMATION

Name:		last		first		middle
Permanent Mailing Address:						
			city			state
School Mailing Address:						
			city			state
School E-Mail:			Permanent Email:			
Phone:			Permanent Phone:			
Student ID:						
<i>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)</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 _____

Arizona – Atlanta – Atlantic City|Greater Philadelphia – 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 – Vancouver

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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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Must be received by: **EXTENDED TO: November 10th, 2014**
 Submit to: Kim Bresson
 604 N 18th St.
 Montebello CA. 90640
 Email: k_bresson@sbcglobal.net
 Phone: 800.593.6394

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	\$ _____
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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