



**Applications due:** September 2<sup>nd</sup>, 2016  
 Submit all items by email\*: [newh.scholarship@newh.org](mailto:newh.scholarship@newh.org)  
 \*Mailing address for letters or transcripts (if needed): NEWH, Inc.  
 Post Office Box 322  
 Shawano, WI 54166  
**Questions contact:** 800.593.NEWH  
[newh.scholarship@newh.org](mailto:newh.scholarship@newh.org)

**\$10,000 NEWH FABRIC INNOVATIONS LEGACY SCHOLARSHIP  
 FOR HOSPITALITY MANAGEMENT OR INTERIOR DESIGN STUDENTS  
 Sponsored by Fabric Innovations**

**PERSONAL INFORMATION**

Name:	_____		
	last	first	middle
<b>Current Mailing Address:</b>	_____		
	city	state	zip
Permanent Mailing Address:	_____		
	city	state	zip
Student Email at school:	_____	<b>Alternate Email:</b>	_____
Cell:	_____	<b>Permanent Phone:</b>	_____
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>			

**Scholarship criteria:**

- o Must be a currently enrolled student attending an accredited college
- o Must have completed half the requirements for an undergraduate degree or be enrolled in a graduate program
- o Must show financial need and have eligible outstanding debt through college for tuition, books or supplies at time of scholarship award in November 2016
- o Must have a minimum 3.0 GPA
- o Must be pursuing a career objective in Hospitality Interior Design or Hospitality Management
- o Must be able to attend the awards event: Hospitality Design Platinum Circle Awards Gala in New York on November 15<sup>th</sup>, 2016 with your airfare and lodging paid by NEWH, Inc.

**Submittal requirements:**

- Student essay emailed in WORD format, two pages double spaced in 12pt. to include:
  - o Background of yourself and your experience
  - o Your goals and objectives after graduation
  - o What prompted you to choose this career?
  - o Describe the contributions you have made to your school program or fellow students through leadership or participation.
  - o Why is obtaining this scholarship important to you?
  - o If your application is not accepted, what plans do you have for financing?
- Official Transcript (*PDF format or mailed separately*)
- Letters of recommendation from Professor, advisor and/or department head (*PDF format*)
- Letters from industry professionals, employers, etc. (*PDF format*)
- Headshot-suitable for press items high resolution min 300 dpi JPEG/PNG (*in separate file-not embedded in a document*)

Arizona – Atlanta – Atlantic City|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 – Pittsburgh – Vancouver

**Thanking NEWH's 2016 Corporate Partners**

**Benefactor:** DURKAN HOSPITALITY | FABRICUT CONTRACT/S. HARRIS | RH CONTRACT | SIGNATURE | ULSTER **Patron:** AMERICAN LEATHER | CRYPTON FABRICS | DELTA FAUCET COMPANY | HOSPITALITY DESIGN GROUP | HOSPITALITY MEDIA GROUP LLC | HOTEL INTERACTIVE | INSTALLATION SERVICE GROUP | MILLIKEN CARPET/HOSPITALITY | MOEN INCORPORATED | P/KAUFMANN CONTRACT **Supporting:** AMERICAN ATELIER, INC. | ARTERIOS CONTRACT | ASHLEY LIGHTING, INC. | BERNHARDT HOSPITALITY | CONNEAUT/CORTINA LEATHER | ELECTRIC MIRROR | ENDURATEX | FABRIC INNOVATIONS, INC. | KARNDEAN DESIGN/FLOORING | LEXMARK CARPET MILLS | LILY JACK | MANDY LI COLLECTION | MASLAND HOSPITALITY | OW HOSPITALITY | RICHLoom CONTRACT | SEM FIM | SERTA INTERNATIONAL | SÉURA INCORPORATED | SHAFER COMMERCIAL SEATING | SHAW HOSPITALITY GROUP | SHELBY WILLIAMS | SUMMER CLASSICS CONTACT | TROPITONE FURNITURE COMPANY | VAUGHAN BENZ | W A L T E R S



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**SCHOOL INFORMATION**

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

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

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

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

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

Degree Objective:  Bachelor  Graduate

Anticipated year of graduation: \_\_\_\_\_ Current GPA: \_\_\_\_\_

Semester to apply scholarship funds towards: (spring/fall/winter) \_\_\_\_\_

Units required: \_\_\_\_\_

Units completed: \_\_\_\_\_

Units currently enrolled in: \_\_\_\_\_

List classes taking in the current quarter/semester

Class name	units
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe the career path you will seek upon graduation:

\_\_\_\_\_

\_\_\_\_\_

Professional organizations, extracurricular activities, etc.

\_\_\_\_\_

\_\_\_\_\_

Have you participated in an Independent or Student Internship?

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>

Cumulative debt, inclusive of current school year, in your major for tuition, books or supplies.  
 Awarded scholarship funds are made payable and mailed directly to the student's college \$ \_\_\_\_\_

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 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(s), 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(s), including the opportunity to attend a scholarship awards event(s) ("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. **I agree to the above terms and I qualify for the application based on the scholarship criteria**

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

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