

New York State Restaurant Association Educational Foundation 2021 Central New York Chapter Scholarship Application

PURPOSE:

The New York State Restaurant Association Educational Foundation (NYSRAEF) manages scholarships on behalf of a number of organizations that support hospitality education. These scholarships are designed to assist students who demonstrate an interest in and commitment to the restaurant/foodservice industry.

SCHOLARSHIP AMOUNT AVAILABLE:

\$500.00

ELIGIBILITY CRITERIA:

Applicants must be current or former ProStart students who are residents of Cayuga, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, or Seneca County and must have been admitted to a post-secondary school where they will major in foodservice, culinary arts, hospitality management or a related field.

APPLICATION PACKAGE:

A copy of this application can be found at nysra.org/student-scholarships. The completed and signed application with transcripts and references must be mailed and postmarked by **May 28, 2021**. No late applications will be accepted. Completed application must be mailed to address on last page.

DETAILS:

The NYSRAEF Scholarship Committee will determine who will be chosen.

- The scholarship must be used toward the pursuit of undergraduate studies at accredited post-secondary institutions. Students not accepted for the fall semester of 2021 are not eligible to apply.
- Applicants selected as scholarship recipients must be classified as full-time or substantial part-time students in order for funds to be disbursed to the educational institution.
- The Scholarship is disbursed directly to the educational institution only after the NYSRAEF Scholarship Committee receives confirmation of enrollment status from the institution's records/admissions office. This should be included with application submission.
- The Committee will evaluate applications on the following:
 - Presentation of application (spelling, punctuation, complete information, etc.)
 - Strength of letters of recommendation & character reference forms.
 - Grade-point average
 - Essay (content, well written, within word count)



**CENTRAL NEW YORK CHAPTER
NEW YORK STATE RESTAURANT ASSOCIATION
SCHOLARSHIP APPLICATION**

1-PERSONAL INFORMATION

Please provide the address, phone number and email address where you can be reached throughout the scholarship process. Please type or write clearly and legibly.

Last Name: _____ First Name: _____ M. I. _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____ - _____ Alt. Number: (_____) _____ - _____

Email Address: _____ @ _____

Social Security Number (required): _____ - _____ - _____

For all applicants under the age of 18 at the time of application:

Parent or Legal Guardian Name: _____

Email Address: _____ @ _____

Phone Number: (Home) _____ (Work) _____

2-SCHOLARSHIP INFORMATION

Are you enrolled in a ProStart culinary arts and hospitality management class? Yes No

Do you expect to earn a ProStart Certificate of Achievement this year? Yes No

Have you applied for or been awarded other scholarships at this time? Yes No

If yes, which scholarships: _____

3-SCHOOL INFORMATION

ProStart Program School Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: (_____) _____

Cumulative GPA: _____ Graduation Date: _____

Name of College I will be attending: _____

Mailing Address of Financial Aid Office: _____

City: _____ State: _____ ZIP: _____

Financial Aid Office Phone Number: (_____) _____

Required Date of Funding at the College: _____

Major: _____

I will be a: Freshman Sophomore Junior Senior

At a: 2-year college 4-year college

The degree I plan to pursue: Associate's Bachelor's Master's

4-ACADEMIC HONORS AND ACHIEVEMENTS

Include only those activities and honors achieved during the past two years. Attach one additional sheet if necessary.

Academic Honors: _____

Offices or Leadership Positions Held (date, organization, position): _____

Extracurricular Activities or Awards: _____

5-ESSAY

Please attach an original essay that answers the following questions: Why do you feel you should receive this scholarship? What type of career in the hospitality industry do you plan to pursue? What are your future goals? Your response should be at least 300 words but no more than 1,000 words.

6-HOSPITALITY INDUSTRY WORK EXPERIENCE

Include both paid and volunteer industry work experience; list the most recent first.

| Company Name City, State & Phone Number | Type of Business; Your position | Dates Employed From/To | Average number of hours worked per month | Total number of hours worked |
|---|------------------------------------|---------------------------|--|---------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Total Hours of Industry Experience: _____

7-CHARACTER REFERENCES

Please identify the two people who will complete the character reference forms and provide your letters of reference. These references must be from employers, teachers or other adults. No relatives!

Name _____ Relationship _____

Name _____ Relationship _____

8-REQUIRED SIGNATURES

How did you learn about this scholarship?

Teacher/School Website Employer Other _____

Please read this prior to signing.

I hereby certify that the information in this application is true and accurate to the best of my knowledge. I agree to report to the NYSRAEF any changes that could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of financial assistance. I also understand that decisions made by the NYSRAEF Scholarship Committee are final.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

Required if applicant is under 18 years of age.

9-DEMOGRAPHIC INFORMATION

This information is for demographic reporting purposes only and will not be considered in scholarship determination. This page must be returned with the scholarship application but will not be provided to the Scholarship Committee.

New York resident? Yes No

US citizen? Yes No

Gender: Female Male

Date of Birth: _____

Ethnicity: Caucasian African-American Asian-American Native American Hispanic Other Not Available

10-APPLICATION PACKAGE CONTENTS & DEADLINE

Contents:

A completed application package consists of the following:

1. Completed, signed application form
2. Demographic information page
3. Two letters of reference
4. Two completed character reference forms (Letters of reference and character reference forms should be completed by the same two people).
5. Current school transcript: official preferred but not required.
6. Proof of post-secondary enrollment: letter of acceptance or tuition bill.
7. Original typed essay: minimum 300 words/maximum 1,000 words.

Deadline:

Applications must be postmarked no later than **May 28, 2021** to qualify. Faxed or emailed applications will not be accepted. Notification will be made to all applicants by mail and email.

Please call 518-452-5522, with any questions you may have.

Submission: send all applications to

The New York State Restaurant Association Educational Foundation

ATTN: Scholarship Manager

409 New Karner Rd., Suite 202

Albany, NY 12205

CENTRAL NY CHAPTER SCHOLARSHIP CHARACTER REFERENCE FORM

_____ has applied to the Central New York Chapter of the New York State Restaurant Association for a scholarship. Please complete this Character Reference form and evaluate this applicant in each of the following areas:

| Area | Excellent (5) | Good (4) | Average (3) | Poor (2) | N/A (1) |
|------------------------------|---------------|----------|-------------|----------|---------|
| Motivation | | | | | |
| Industry Interest | | | | | |
| Work Record | | | | | |
| Communication Skills | | | | | |
| Leadership | | | | | |
| Initiative | | | | | |
| Character | | | | | |
| Maturity | | | | | |
| Personality | | | | | |
| Professional Demeanor | | | | | |

How long have you known the applicant? _____

Are you related in any way? No Yes; nature of relationship: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

Signature: _____

Note: A letter of reference should accompany this Character Reference Form. Please do not staple the letter to this form. In your letter, please provide any information you feel will help the Scholarship Committee in their decision.

This form and the letter of reference must be included in the complete Application Package in order for the applicant to qualify for a scholarship. Thank you for your assistance.