



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

**PURPOSE:**

The New York State Restaurant Association Educational Foundation (NYSRAEF) manages scholarships on behalf of several 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:**

Scholarships awarded up to \$2,500.00

**ELIGIBILITY CRITERIA:**

Applicant must be a resident of Monroe, Livingston, Ontario or Wayne 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. Any student enrolled in a ProStart program in a school in the four-county area is also eligible regardless of residency. A 3.0 grade point average in culinary classes is required.

**APPLICATION PACKAGE:**

A copy of this application can be found at [nysra.org/student-scholarships](https://nysra.org/student-scholarships). The completed and signed application with transcripts, references and personal statement must be mailed and postmarked by **May 14, 2021**. No late or incomplete applications will be accepted. Completed application must be mailed to address on last page.

**DETAILS:**

The Rochester Chapter of The NYS Restaurant Association 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 2020 are not eligible to apply.
- Applicants selected as scholarship recipients must be classified as full-time or part-time (9 credits) students in order for funds to be disbursed to the educational institution.
- The Scholarship is disbursed directly to the educational institution only after Rochester Area Community Foundation receives confirmation of enrollment status from the institution's records/admissions office. This can 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.
  - **3.0 Grade-point average is required in Culinary classes to qualify**
  - Essay (content, well written, within word count)

**ROCHESTER 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/Cell 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 high school culinary arts or hospitality management class?  Yes  No

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**

---

High School, CTE 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 and submit names of 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 Rochester Chapter 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 Rochester Chapter 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 on separate sheets
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.
6. Proof of post-secondary enrollment. Example: letter of acceptance or tuition bill.
7. Original typed essay: minimum 300 words/maximum 1,000 words.

**Deadline:**

Applications must include each of the above listed items and be postmarked no later than May 14, 2021 to qualify. Emailed applications will be accepted. Notification will be made to all applicants by mail and email.

**Submission: send all applications to**

**Shannon Speranza  
Monroe One  
41 O'Connor Rd.  
Fairport, NY 14450**

\_\_\_\_\_ has applied to the Rochester 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.

*A letter of recommendation must accompany this form.*

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

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.**

**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 for the applicant to qualify for a scholarship. Thank you for your assistance.**