

New York State Restaurant Association Educational Foundation  
2022 Long Island 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 Nassau or Suffolk 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/scholarships](http://nysra.org/scholarships). The completed and signed application with transcripts and references must be mailed and postmarked by **May 27, 2022**. 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 2022 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)



**LONG ISLAND 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**

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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**

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*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**

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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**

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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**

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### **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 27, 2022 to qualify. Faxed or emailed applications will 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: Elizabeth Soscia**

**409 New Karner Rd., Suite 202**

**Albany, NY 12205**

## LONG ISLAND CHAPTER SCHOLARSHIP CHARACTER REFERENCE FORM

\_\_\_\_\_ has applied to the Long Island 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.**