



## **New York State Restaurant Association Educational Foundation 2022 New York State ProStart Educator Summer Institute Scholarship Application**

### **PURPOSE:**

The New York State Restaurant Association Educational Foundation (NYSRAEF) awards scholarships to New York State ProStart educators looking to further their culinary and hospitality education by attending a Summer Institute held by the National Restaurant Association Educational Foundation (NRAEF).

### **SCHOLARSHIP AMOUNT AVAILABLE:**

Up to \$2,000.00

### **ELIGIBILITY CRITERIA:**

Applicants must be current New York State ProStart educators who are interested in attending one of the NRAEF's 2022 Summer Institutes.

### **APPLICATION PACKAGE:**

A copy of this application can be found at [nysra.org/student-scholarships](http://nysra.org/student-scholarships). The completed and signed application must be mailed and postmarked by **May 15, 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 is disbursed directly to the educator only after the NYSRAEF Scholarship Committee receives confirmation of educator registration to an NRAEF Summer Institute.

**NEW YORK STATE RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION**  
**New York State ProStart Educator Summer Institutes 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): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**2-SCHOLARSHIP INFORMATION**

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

If yes, which scholarships: \_\_\_\_\_

**3-SCHOOL INFORMATION**

ProStart School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Years as a Culinary Arts Instructor: \_\_\_\_\_

Years as a ProStart Educator: \_\_\_\_\_

**HONORS AND ACHIEVEMENTS**

*Include only those activities and honors pertaining to your time as a ProStart educator.*

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**5-ESSAY**

*Please attach an essay that highlights your journey in the hospitality industry and your time as a ProStart educator. Your response should be at least 750 words.*

**6-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 \_\_\_\_\_

**7-REQUIRED SIGNATURES**

How did you learn about this scholarship?

NYSRAEF communications       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: \_\_\_\_\_

## **9-DEMOGRAPHIC INFORMATION**

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**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: \_\_\_\_\_

## **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. Original typed essay: minimum 750 words
5. Proof of application and acceptance to a 2022 Summer Institute

**PLEASE NOTE: If no proof of attendance is sent within one week of attendance, recipient will be REQUIRED to return all funds to the NYSRAEF.**

### **Deadline:**

Applications must be postmarked no later than **March 31, 2022** 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**