



Western New York  
Chapter

New York State Restaurant Association Educational Foundation  
2022 Peter Longo ProStart Scholarship Application  
Sponsored by The Western New York Chapter

**GOAL/ MISSION:**

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 a keen interest in and commitment to the hospitality industry.

**SCHOLARSHIP AMOUNT AVAILABLE:**

\$1000.00

**ELIGIBILITY CRITERIA:**

Applicants must be ProStart students enrolled in ProStart programs located in Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, or Wyoming county and must have been admitted to a post-secondary school where they will majoring in a hospitality-related field.

**APPLICATION PACKAGE:**

A copy of this application can be found at [nysra.org/scholarships](https://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 Western New York Chapter of The New York State 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 2022 are not eligible to apply.
- Applicants **MUST** be current ProStart students, attending a program located in a one of the following counties: Allegany, Cattaraugus, Chautauqua, Erie, Genesee, Niagara, Orleans, or Wyoming county
- Applicants selected as scholarship recipients must be classified as full-time students (12 credits or more) in order for funds to be disbursed to the educational institution.
- The Scholarship is disbursed directly to the educational institution only after Western New York 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 (4.0 scale)
  - Essay (content, well written, within word count)



# THE PETER LONGO PROSTART SCHOLARSHIP 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: \_\_\_\_\_ @ \_\_\_\_\_

Student ID 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) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## 2-SCHOLARSHIP INFORMATION

Are you or have you been enrolled in a ProStart program class?  Yes  No

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

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

If yes, which scholarships and for what amount: \_\_\_\_\_

### **3-SCHOOL INFORMATION**

---

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

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

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

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

Cumulative GPA(4.0scale) \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

Name of College I will be or am attending:  
\_\_\_\_\_

Mailing Address of postsecondary Institution:  
\_\_\_\_\_

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 four 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 750 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 Western New York 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 Western New York 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
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 750 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 Robert Free, with any questions at 716-846-2081.

**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**

**THE PETER LONGO PROSTART SCHOLARSHIP  
CHARACTER REFERENCE FORM**

\_\_\_\_\_ has applied to the Western New York Chapter of the New York State Restaurant Association for The Peter Longo ProStart Scholarship. Please complete this Character Reference form and evaluate this applicant in each of the following areas:

<b>Area</b>	<b>Excellent (5)</b>	<b>Good (4)</b>	<b>Average (3)</b>	<b>Poor (2)</b>	<b>N/A (1)</b>
<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. 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.**