

**2024/2025 ProStart Program Support Application**

**Sponsored by The Rochester Chapter of The New York State Restaurant Association**

# PURPOSE:

The New York State Restaurant Association Educational Foundation (NYSRAEF) will award scholarships to currently recognized ProStart programs. These funds are intended to help support the costs related to facilitating the ProStart program.

# SCHOLARSHIP AMOUNT AVAILABLE:

$250.00-$500.00

# ELIGIBILITY CRITERIA:

Applicants must be currently recognized New York State ProStart educators from programs located in the following counties: Livingston, Monroe, Ontario, Wayne.

In order to be considered “recognized” ProStart educators must be registered on the National ProStart database and have completed the annual National ProStart Data Collection.

# APPLICATION PACKAGE:

A copy of this application can be found at [www.nysra.org/student-scholarships](http://www.nysra.org/student-scholarships) as well as on the ProStart Google Drive. The completed and signed application must be mailed and postmarked or emailed to elizabeths@nysra.org by **May 1, 2025**. No late applications will be accepted.

**PLEASE NOTE: NYSRAEF will be awarding scholarships throughout the school year, so submissions will be accepted beginning October 15, 2024.**

# DETAILS:

The Rochester Chapter Board will determine who will be chosen.

* The scholarship must be used solely to support the ProStart program.
* The Committee will evaluate applications on the following:
	+ Presentation of application (spelling, punctuation, complete information, etc.)
	+ Essay (content, well written, within word count)

# ROCHESTER CHAPTER OF THE NYS RESTAURANT ASSOCIATION

 **ProStart Program Support Application**

# 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.*

Applicant Last Name: Applicant First Name: M. I.

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

Years teaching ProStart:

Number of ProStart Classes this school year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of ProStart Students this school year (approx.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: @

1. **SCHOOL INFORMATION**

ProStart School Name:

Address:

City: State: ZIP:

Phone Number: ( )

# ESSAY

Please attach an original essay that answers the following questions: *Please tell us about yourself, your program, and how ProStart has been beneficial to you and your students. How would you use the funds if selected? Your response should be at least 500 words but no more than 1,000 words.*

# REQUIRED SIGNATURES

How did you learn about this scholarship?

Email Website Other Educator 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 also understand that decisions made by the Rochester Chapter Scholarship Committee are final.

Signature of Applicant: Date:

# APPLICATION PACKAGE CONTENTS & DEADLINE

**Contents:**

A completed application package consists of the following:

* 1. Completed, signed application form
	2. Original typed essay: minimum 500 words/maximum 1,000 words.

**Deadline:**

Applications must be postmarked or emailed no later than **May 1, 2025** to qualify. Emailed applications will be accepted. Notification will be made to all applicants by mail and email. Please call 518-452-4222 ext. 214, with any questions you may have.

**Submission: send all applications to**

**elizabeths@nysra.org** **OR**

**The New York State Restaurant Association Educational Foundation ATTN: Scholarship Manager**

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

**Albany, NY 12205**