 

**New York State Restaurant Association Educational Foundation**

**2024/2025 New York State ProStart Scholarship Application**

# PURPOSE:

The New York State Restaurant Association Educational Foundation (NYSRAEF) awards scholarships to New York State ProStart students looking to further their culinary and hospitality education at a post secondary level. These scholarships are designed to assist students who demonstrate an interest in and commitment to the restaurant/foodservice industry.

# SCHOLARSHIP AMOUNT AVAILABLE:

$1,000.00-$2,500.00

# ELIGIBILITY CRITERIA:

Applicants must be current or former New York State ProStart students who are currently attending or 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/student-scholarships as well as on the Google Drive. The completed and signed application with transcripts and references must be mailed and postmarked by **May 20, 2025**. 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 2025 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)

# NEW YORK STATE RESTAURANT ASSOCIATION EDUCATIONAL FOUNDATION

**New York State ProStart Scholarship 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.*

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)

# SCHOLARSHIP INFORMATION

|  |  |  |
| --- | --- | --- |
| Are you enrolled in a high school culinary arts or 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: |  |  |

1. **SCHOOL INFORMATION**

ProStart 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

# 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:

# ESSAY

Please attach an original essay that answers the following questions: *Why do you feel you should receive this scholarship? What are your future goals and how has the ProStart program impacted your those goals? What type of career in the hospitality industry do you plan to pursue? Your response should be at least 500 words but no more than 1,000 words.*

# 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:**

# 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

# 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.*

# 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

# 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 1,000 words.

**Deadline:**

Applications must be postmarked no later than **May 20, 2025** 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**

# NYSRAEF SCHOLARSHIP CHARACTER REFERENCE FORM

has applied to the New York State Restaurant Association Educational Foundation 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 quality for a scholarship. Thank you for your assistance.**