



HOSPITALITY ALLIANCE, INC.

A Joint Program of the Hillsborough County Hotel & Motel Association and the Florida Restaurant & Lodging Association Pinellas Chapter

APPLICATION FOR SCHOLARSHIP

APPLICATIONS ACCEPTED UNTIL: June 15, 2013

All support documentation and official transcripts showing FINAL 2012/2013 Academic Year grades are due by June 30, 2013

You may include attachments if additional space is needed.

CITIZENSHIP Are you a citizen of the United States? (Yes or No) Please Note: United States citizenship is required.

1. PERSONAL DATA

Applicant (First) (Middle) (Last)

Social Security Number Selected Educational Facility for the 2013-2014 Academic Year

Current Address

Address Apartment Number, Building Number, etc. City, State, Zip Code Current Phone Number

Permanent Address

Address Apartment Number, Building Number, etc. City, State, Zip Code Permanent Phone Number Mobile Number Email Address

3. DEPENDENT INFORMATION (if applicable)

A. Do / will you receive financial assistance from your parents or guardians? (Yes or No) _____

If the answer is yes, then please complete the following:

_____		_____	
Father's Name		Mother's Name	
_____		_____	
Address		Address	
_____		_____	
City		City	
_____		_____	
State	Zip Code	State	Zip Code
_____		_____	
Occupation		Occupation	
_____		_____	
Employer		Employer	

B. Please list dependents of parents or guardians other than applicant

Name _____	Age _____
Name _____	Age _____
Name _____	Age _____

C. Are any of the above dependents of parents / guardians attending college? (Yes or No) _____

D. If yes, please describe any financial support they receive:

E. Household Income

Annual Income

Father	\$ _____
Mother	\$ _____
TOTAL	\$ _____

F. Please list any dependents for which you are responsible (if applicable)

Are any of your dependents attending college? (Yes or No) _____

If so, where? _____

4. STATEMENT OF FINANCIAL NEED / ESTIMATED SOURCES OF INCOME

Sources of income or financial aid / loans and other scholarships. Name such sources, listing dollar amounts for each. Documentation may be requested.

Source(s)	Amount	Scholarship Loan Grant	If Grant or Loan, Does It Need To Be Re-paid?
		<small>Please Indicate Which One</small>	<small>Yes or No</small>
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____
_____	\$ _____	_____	_____

Estimated Expenses of Student

Amount

Tuition	\$ _____
Books and Supplies	\$ _____
Room and Board	\$ _____
Other (itemize)	\$ _____
TOTAL	\$ _____

5. EMPLOYMENT EXPERIENCE / INTERNSHIPS / VOLUNTEER WORK / HOSPITALITY OR CULINARY ARTS RELATED COMPETITIONS

(attach resume if desired)

Employer / Other _____	Employer / Other _____
Position Held _____	Position Held _____
Dates _____	Dates _____
Approx. Hrs / Week _____	Approx. Hrs / Week _____
Wages / Tips / Salary (gross) _____	Wages / Tips / Salary (gross) _____

Employer / Other _____	Employer / Other _____
Position Held _____	Position Held _____
Dates _____	Dates _____
Approx. Hrs / Week _____	Approx. Hrs / Week _____
Wages / Tips / Salary (gross) _____	Wages / Tips / Salary (gross) _____

6. REFERENCES / RECOMMENDATIONS (Mandatory)

1. Please attach two professional reference letters. (with contact information)
2. Please attach one personal reference letter. (with contact information)
3. Please attach a letter from a professor, instructor or a school counselor. (On school letterhead)
4. Please provide a name and number of a contact person (faculty / staff) on campus in the event you are awarded an Alliance Scholarship.

7. STATEMENTS

Please attach a typed essay (500 word maximum) that answers the following questions:

1. Why should we consider you for this scholarship?
2. What created your interest in the Hospitality / Culinary Arts field?
3. Where do you see yourself immediately after graduation? After 5 years?
4. Why do you need assistance?

I certify that all of the information on this form and in the accompanying application materials is accurate and complete to the best of my knowledge. I understand that falsification or omission of information will be sufficient grounds for cancellation of any award under the Alliance Scholarship Program.

I am aware that it is my responsibility to provide within 3 weeks after the beginning of a new semester an official transcript to the Alliance Scholarship Committee. Failure to do so may result in cancellation of scholarship award. I also understand that I must maintain a 3.0 GPA to remain eligible for the scholarship.

I further certify that I understand that I will **NOT** receive any scholarship proceeds until after the academic drop/add period has expired and confirmation of my full-time status has been received on my institution's letterhead by the Alliance from my faculty advisor, counselor or the Financial Aid office. **As a result, this may mean that I may have to make appropriate arrangements to pay necessary tuition, fees and book costs from sources other than any potential scholarship award, based upon the policies of my institution.**

Signature of Applicant

Date

Signature of Parent/Guardian (If a dependent)

Date

Save and email completed application to: SWarren@hchma.com. Please Note: **ALL** required documents, *with the exception of official transcripts*, must be typed, scanned and emailed to SWarren@hchma.com. Official transcripts must be mailed to:

TAMPA BAY HOSPITALITY ALLIANCE, INC.

3016 Landmark Blvd.

401

Palm Harbor, FL 34684

Attn: Stassa E. Warren

For More Information Please Contact:

Stassa E. Warren

Administrative Manager

(813) 810-1641

www.extravaganza.org

Please Note: Due to the different policies at universities, colleges and high schools, the Alliance Scholarship Committee is willing to review applications / re-applications that may not meet all of the requirements.