



HOSPITALITY ALLIANCE, INC.

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

RE-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

A. PERSONAL

Name: _____ SS#: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email Address: _____
Area Code / Number Area Code / Number

Permanent Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____ Email Address: _____
Area Code / Number Area Code / Number

B. FINANCIAL

Do you receive financial assistance from parents/guardians? _____ If yes, please complete the following:

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Occupation: _____

Employer: _____ Employer: _____

Annual Income: \$ _____ Annual Income: \$ _____

Number of other dependents: _____ Number of other dependents: _____

Please list number, ages & relationship of your personal dependents: _____

List source, amount & duration (recurring/one-time) of all scholarships received for the last academic year:

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

List source & amount of all loans secured for current year academic related costs:

Loan: _____ Amount: \$ _____

Loan: _____ Amount: \$ _____

List source, amount & duration (recurring/one-time) of all scholarships awarded for 2013 / 2014 academic year:

Scholarship: _____ Amount: \$ _____

Scholarship: _____ Amount: \$ _____

C. ACADEMIC / CAREER

Name of college or university: _____ Anticipated graduation date: _____

Official mailing address: _____ City: _____ State _____ Zip: _____

Name of Department Head/Counselor: _____

Professional/Employment changes in the last 12 months: _____

D. REFERENCES / RECOMMENDATIONS

Please attach with contact information:

1. Two professional reference letters.
2. One personal reference letter.
3. Letter from a professor or a school counselor
4. Please provide a name and number of a contact person (faculty / staff) on campus in the event you are awarded an Alliance Scholarship.

E. STATEMENTS

Please attach an essay (300 word maximum) that answers the following questions:

1. Why should we re-consider you for this scholarship?
2. Has anything changed in your financial needs or career objectives?
3. What is your current focus in this industry?
4. How are you involved in the Hospitality / Culinary Arts Program?
5. Where do you see yourself immediately after graduation? After 5 years?
6. How has the TBHA Scholarship you received benefitted you?

I understand that all information contained herein and any accompanying materials are accurate and complete to the best of my knowledge. I understand that falsification or omission of information will be sufficient ground for cancellation of any award under the TBHA Scholarship Program. **I further understand it is necessary that I make appropriate arrangements to pay necessary tuition, fees and book costs from sources other than this potential scholarship award as I understand I will not receive scholarship proceeds until the Alliance has received confirmation on my educational institution's letterhead of 1) My full-time status, 2) The expiration of my academic Drop/Add period, and 3) A copy of my official school transcript for the current semester. I also understand that it is necessary to maintain a 3.0 GPA for continued eligibility for the TBHA Scholarship.**

By submittal of this TBHA Scholarship Re-application Form, the completed application shall serve as my acknowledgment and acceptance of the terms and conditions associated with the Tampa Bay Hospitality Alliance Scholarship Award Criteria, should my application be selected as a 2013 / 2014 Award Winner.

Signature of Applicant_____
Date

Please save and email the 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 Further 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.