

## APPLICATION FOR SCHOLARSHIP GRANT

### PERSONAL INFORMATION

Name:	last			first	middle
<b>Permanent Mailing Address:</b>					
	city			state	zip
School Mailing Address:					
	city			state	zip
School E-Mail:					
Phone:					
Student ID:					

**For privacy do not list Social Security# (if your school uses your SSN# as your student ID please only list last 4 numbers)**

### Qualifications:

- ☐ You must be attending an accredited institution of higher learning
- ☐ You must have completed one half of the requirements for a degree or certification in the program which you are currently enrolled
- ☐ You must show financial need
- ☐ You must have a 3.0 GPA or higher
- ☐ You must have a career objective in one of the areas of the Hospitality Industry (i.e., Hotel/Restaurant Management, Culinary/Foodservice, Architecture, Interior Design, etc.)

### Please attach the following:

- ☐ Student essay, to include:
  - o Background of yourself and your experience
  - o Your goals and objectives after graduation
  - o What prompted you to choose this career
  - o Do you feel you made a contribution to your school program or fellow students through leadership or participation
  - o Why is obtaining this scholarship important to you
  - o If your application is not accepted, what plans do you have for financing
- ☐ Official Transcript
- ☐ Letters of recommendation from Professor, advisor and/or department head
- ☐ Letters from industry professionals, employers, etc.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**SCHOOL INFORMATION**

Major:	<hr/>		
University/College:	<hr/>		
Address:	<hr/>		
	<hr/> <small>city</small>	<hr/> <small>state</small>	<hr/> <small>zip</small>
Advisor/Dept. Head:	<hr/>		
E-Mail:	<hr/>	Phone:	<hr/>
Degree Objective:	AA <input type="checkbox"/> BFA <input type="checkbox"/> Graduate <input type="checkbox"/> Other <hr/>		
Anticipated year of graduation:	<hr/>		
Units required:	<hr/>		
Units completed:	<hr/>		
Units currently enrolled in:	<hr/>		
List classes taking in the current quarter/semester			
Class name	units		
<hr/>	<hr/>		
<hr/>	<hr/>		
<hr/>	<hr/>		
<hr/>	<hr/>		

Indicate the career path you will seek upon graduation, please give specific job title	
Design <hr/>	Restaurant <hr/>
Foodservice <hr/>	Sales <hr/>
Hospitality <hr/>	Other <hr/>
Professional organizations, extracurricular activities, etc.	
<hr/>	
<hr/>	
<hr/>	
Have you participated in a Student Intern Program <hr/>	
Company <hr/>	Did you find it beneficial <hr/>
Do you feel such a program would be valuable <hr/>	

## FINANCIAL INFORMATION

Estimated income <u>during the academic year</u> (9 months) for which the scholarship is requested	Estimated expenses <u>during the academic year</u> (9 months) for which the scholarship is requested
Personal Funds \$ _____ <i>(cash, savings, etc.)</i>	Tuition and fees \$ _____
Loans \$ _____ <i>(bank, etc., please specify)</i>	Books and supplies \$ _____
Earnings while in school \$ _____ <i>(exclude college work study)</i>	Housing \$ _____
Parental Support \$ _____	Food \$ _____
Spouse Income \$ _____	Clothing, linen and laundry \$ _____
Scholarship & Grants Awarded \$ _____ <i>(provide detailed information below)</i>	Personal Care \$ _____
Other Income \$ _____	Medical Care \$ _____
	Transportation \$ _____
	Child care \$ _____
	Unusual expenses <i>(explain)</i> \$ _____
<b>TOTAL INCOME</b> \$ _____	<b>TOTAL EXPENSES</b> \$ _____

Scholarships, Grants, Work-Study Grants and other Financial Aid applied for or received, attach separate page if needed:

	Applied for	Received	
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
4. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
5. _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<b>TOTAL AWARDS</b>			\$ _____

I am currently obligated to pay \_\_\_\_\_ in student loans after graduation.

☐ I am a former NEWH, Inc. Scholarship recipient. I received a scholarship from:

Chapter: \_\_\_\_\_ Year: \_\_\_\_\_

Work Experience: Company	Job Title	Dates	Hours per week
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby verify that all financial information included in this application is true and accurate. I understand that if NEWH, Inc. learns that any information included in this application is false, this application will not be considered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# STUDENT MEMBERSHIP APPLICATION

date: \_\_\_\_\_ please return to: **NEWH-Membership**  
**c/o Chris Schafer**  
**ISG**  
 chapter affiliation: **Sunshine** **4203 Vineland Road, Suite K-1**  
**Orlando, FL 32811**

*ALL INFORMATION MUST BE COMPLETED FOR ACCEPTANCE INTO NEWH, INC.*

## personal information:

last name: _____	<b>permanent address:</b> _____
first name: _____	city: _____
middle initial: _____	state: _____ zip: _____
area of study: _____	phone: _____
anticipated date of graduation: _____	fax: _____
	personal email: _____
	spouse: _____
	date of birth: _____

## school information:

school: _____	mailing preference: <b>home:</b> <input type="checkbox"/> <b>school:</b> <input type="checkbox"/>
address: _____	year of study: _____
city: _____	school mailing address: _____
state: _____ zip: _____	city: _____
phone: _____	state: _____ zip: _____
fax: _____	phone: _____
department head: _____	school email: _____
advisor: _____	student or professional affiliations: _____
student id no.: _____	

*I would like to support my chapter by serving on one of the following committees:*

community service: ☐ NEWHsletter: ☐  
 fund raising: ☐ programming: ☐  
 hospitality: ☐ scholarship : ☐

are you interested in or currently serving in any internships \_\_\_\_\_

## Statement of Applicant

**In applying for membership in NEWH, Inc., I attest to the accuracy of the information in this application and will do all within my power to maintain and enhance the integrity and prestige of NEWH, Inc.**

signature: \_\_\_\_\_ date: \_\_\_\_\_

## Statement of NEWH Member Sponsor

**I have known the applicant for the required amount of time, and to the best of my knowledge and belief the applicant named here is eligible for and worthy of acceptance by NEWH, Inc.**

signature: \_\_\_\_\_ date: \_\_\_\_\_

**Director of Scholarship and Education**

signature: \_\_\_\_\_ date: \_\_\_\_\_

**Professor / School Official**