



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, 2015

All support documentation and official transcripts showing **FINAL** 2014/2015 Academic Year grades are due by June 30, 2015

### 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: \_\_\_\_\_ Permanent 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 2015 / 2016 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? Where do you see yourself immediately after graduation? After 5 years?
4. How are you involved in the Hospitality / Culinary Arts Program?
5. What additional steps have you taken toward your goal (student clubs, volunteering in industry events, etc.)?
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:**

1. Verification of full-time status and enrollment in Hospitality / Culinary Arts Program (on school letterhead)
2. Verification of expiration of Drop/Add Period (on school letterhead)
3. Official transcript
4. Completed and signed TBHA Acceptance Form

I also understand that it is necessary to maintain a 3.0 GPA or better for continued eligibility for the TBHA Scholarship.

*My submittal of this TBHA Scholarship Re-application Form along with all the required documentation 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 2015 / 2016 Award Winner.*

\_\_\_\_\_  
Signature of Applicant\_\_\_\_\_  
Date

Please save and email the completed re-application to: [SWarren@hchma.com](mailto:SWarren@hchma.com). Please Note: **ALL** required documents, *with the exception of official transcripts*, must be typed, scanned and emailed to [SWarren@hchma.com](mailto:SWarren@hchma.com).

**Please Mail Official Transcript To:**

Tampa Bay Hospitality Alliance  
P.O. Box 3298  
Tampa, FL 33601-3298  
Attn: Stassa E. Warren

**For Further Information Please Contact:**

Stassa E. Warren  
Administrative Manager  
(813) 810-1641  
[www.extravaganza.org](http://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.