



## 2009 SCHOLARSHIP APPLICATION

*This scholarship application can also be downloaded at [www.schospitality.org](http://www.schospitality.org)*

### PURPOSE

The South Carolina Tourism and Hospitality Educational Foundation (T.H.E. Foundation) manages scholarships on behalf of a variety of organizations that support hospitality education. These scholarships are designed to assist students who demonstrate an interest in and commitment to the hospitality (restaurant, foodservice, lodging, tourism) industry.

### SCHOLARSHIP AMOUNT AVAILABLE

Each year the scholarship amounts vary depending on donations and local participation. In June of 2008, \$30,000 was distributed to over 20 students; in 2007 there was \$24,000 and in 2006 there was \$28,000.

### ELIGIBILITY CRITERIA

Applicants must be currently employed in the hospitality industry and/or enrolled in an industry-related educational program at an accredited institution.

Applicants must submit the following:

- completed application
- Three letters of reference
- three completed Character Reference Forms (letters of reference and character reference forms should be submitted/completed by the same three people)
- current official transcript
- Essay (500 word minimum, 1000 word maximum; double spaced)

Applications must be completed and postmarked by April 11, 2009. No late applications will be accepted. Faxed applications will not be accepted. Do not staple or bind your application in any way.

### DETAILS

The SC T.H.E. Foundation Scholarship Committee will determine the number and value of scholarships to be distributed each year.

- The scholarship is to be used toward the pursuit of a certificate, an undergraduate or masters degree at an accredited post-secondary institution.
- Applicants chosen as scholarship recipients must be classified as full-time students in order for any funds to be disbursed to the educational institution. (Full-time: enrolled in at least 12 hours or the equivalent, according to the guidelines of the educational institution for full-time classification.)
- T.H.E. Foundation reserves the right to make exceptions based on circumstance.
- Scholarships are disbursed directly to the educational institution only after the T.H.E. Foundation office receives a letter from the institution's records/admissions office confirming full-time enrollment for the student.
- Recipients may be recognized and presented with their awards at annual scholarship events. Details (time, place, date) will be provided to recipients as they become available. Recipients are expected to make every effort to be present at such events.
- Judges will evaluate applications on the following:
  - Presentation of application (spelling, punctuation, etc.)
  - Strength of letters of recommendation
  - Essay (well written and within word count)
  - Industry-related work experience
  - Grade point average



## SCHOLARSHIP APPLICATION

### 1. PERSONAL INFORMATION

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All scholarship correspondence will be mailed. Please provide the address and phone number where you can be contacted. Please type or print clearly.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Work Number (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

For all applicants under the age of 18 at time of application:

Parent or Legal Guardian Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

### 2. SCHOLARSHIP/PROSTART/LMP INFORMATION

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*Must be completed by all applicants:*

Are you a ProStart or LMP Certificate holder?  Yes  No

If no, do you expect to earn a ProStart or LMP Certificate this year?  Yes  No

Are you a graduate or graduating senior of the ProStart or LMP program?  Yes  No

Have you applied for a scholarship through the National Restaurant Association Educational Foundation (NRAEF) or the American Hotel and Lodging Association (AHLA)?  Yes  No

If yes, were you awarded the scholarship?  Yes  No  
 Haven't yet received notice

Have you been awarded or are you being considered for any other scholarships at this time?  Yes  No

If yes, which scholarship(s)? \_\_\_\_\_

Have you received a THE Foundation scholarship in the past?  Yes  No

If yes, what year: \_\_\_\_\_



**4. ACADEMIC HONORS & ACHIEVEMENTS** *(Optional)*

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*Include only those activities and honors received during the past two years.*

Academic Honors: \_\_\_\_\_

Offices or Leadership Positions Held (date, organization, position): \_\_\_\_\_

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Extracurricular Activities or Awards: \_\_\_\_\_

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**5. ESSAY**

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Please submit an essay explaining the following: your reason(s) for applying for a scholarship and why you feel you should receive one, the type of career in the foodservice or hospitality industry you plan to pursue, and your future goals. Your response should be at least 500 words & no more than 1,000 words, double-spaced.

**6. SCHOOLS ATTENDED**

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List in order, beginning with most recent. Reminder: You must include an official transcript with your application from current school only. Optional: you may include transcripts from schools previously attended.

School Name	City, State	Dates Attended From ___ To ___	Degree Earned

## 7. HOSPITALITY INDUSTRY WORK EXPERIENCE

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List paid and voluntary hospitality industry work experience. Include ONLY hospitality-related work experience, listing the most recent experience first.

Company Name, City, State, Telephone Number	Type of Business and Position	Date(s) Employed	Avg. Hours Worked per Month	Total Number of Hours

**Total Hospitality Industry Hours Worked:** \_\_\_\_\_

## 8. CHARACTER REFERENCES

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Please identify the three people who will complete the character reference forms enclosed and provide your letters of reference. These references must be from 1) your sponsor, 2) employer, and 3) a teacher, educator, etc. No relatives!

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

## 9. DEMOGRAPHIC INFORMATION

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**This information is for demographic purposes only and will not be considered in scholarship determinations except in the event that a scholarship donor has specified that funds be awarded to members of a specific group.**

South Carolina 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

## 10. REQUIRED SIGNATURE

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How did you learn about this scholarship?

Professor/School  Internet  Mailing  Employer  Other \_\_\_\_\_

*Please read 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 SC Hospitality and Tourism Educational Foundation any changes which could affect consideration of my application. I understand that failure to provide valid and complete information could result in the withdrawal of financial assistance and recall any and all awards previously made by THE Foundation. Furthermore, I understand that the decisions made by the SC T.H.E. Foundation Scholarship Committee are final.

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

(only if applicant is under 18 years of age)

*Applications must be postmarked no later than April 11, 2008 to qualify. No faxed or e-mailed applications will be accepted. An incomplete application will not be accepted. Notification will be made to all applicants in May. If you have any questions, please call 803-765-9000.*

**Submit application to:**

SC Tourism and Hospitality Educational Foundation  
Attn: Scholarships Manager  
P.O. Box 7577  
Columbia, SC 29202



## SCHOLARSHIP APPLICANT CHARACTER REFERENCE FORM

\_\_\_\_\_ has applied to the SC Hospitality and Tourism Educational Foundation for a scholarship. The Scholarship Committee has requested that you complete this Character Reference Form. Please rank the applicant in each of the following areas:

	Excellent (5)	Good (4)	Average (3)	Poor (2)	N/A (1)
Motivation	_____	_____	_____	_____	_____
Industry Interest	_____	_____	_____	_____	_____
Work Record	_____	_____	_____	_____	_____
Balance of Activities	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Professional Demeanor	_____	_____	_____	_____	_____

How long have you known the applicant? \_\_\_\_\_

Are you related in any way? \_\_\_\_\_

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

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

A letter of reference is required to accompany this Character Reference Form. Please do not staple the letter to this form. Please provide any information that you feel will help the Scholarship Committee in their decision in your letter. This form and the letter of reference must accompany the entire application packet in order for the applicant to qualify for a scholarship. Thank you for your assistance.



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Industry Interest	_____	_____	_____	_____	_____
Work Record	_____	_____	_____	_____	_____
Balance of Activities	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Professional Demeanor	_____	_____	_____	_____	_____

How long have you known the applicant? \_\_\_\_\_

Are you related in any way? \_\_\_\_\_

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

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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Industry Interest	_____	_____	_____	_____	_____
Work Record	_____	_____	_____	_____	_____
Balance of Activities	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Professional Demeanor	_____	_____	_____	_____	_____

How long have you known the applicant? \_\_\_\_\_

Are you related in any way? \_\_\_\_\_

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

Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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