

NC Hospitality Education Foundation Scholarships

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES
 Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline January 16

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I.D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Permanent Home Mailing Address _____ Apartment # _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ Email Address _____

Social Security Number _____ Date of Birth: Month _____ Day _____ Year _____

Are you a North Carolina resident? Yes No Are you a U.S. Citizen? Yes No

Please indicate your status. (For statistical purposes only) Male Female

American Indian /Alaska Native Black/African American Multi-Racial White

Asian Hispanic/Latino Native Hawaiian/Pacific Islander

PARENT OR GUARDIAN INFORMATION

Last Name _____ First _____ Middle Initial _____

Address _____

Relationship to Applicant _____ Day Telephone (_____) _____

Email Address _____ Fax Number(_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend in North Carolina. (If unknown, please list in order of preference the schools to which you have applied.) **Use official school names. Do not use abbreviations.**

_____ City _____ State NC

_____ City _____ State NC

4 yr. College or University 2 yr. Community or Junior College

Vocational-Technical School Other, explain _____

Year in school **next** year: 1 2 3 4 5 Graduate Study

Major or course of study: Culinary Arts Hospitality Management Tourism Other _____

Expected graduation date: Month _____ Year _____

Degree sought: Certificate Associate Bachelor MBA Master's Other _____

Student will: live on campus live off campus commute from home

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE

Describe your work experience during the **past four years** (e.g., food server, babysitting, lawn mowing, office work). Indicate dates of employment for each job and approximate **number of hours worked** each week. List amounts earned at each job.

Employer/Position	Hospitality, Culinary or Tourism (Yes / No)	From - Mo/Yr	To - Mo/Yr	Hours per Week	Amount Earned

ACTIVITIES, AWARDS AND HONORS

List all school activities in which you have participated during the **past four years** (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the **past four years** (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. **Indicate whether high school or college activities.**

Activity	No. of Years Partic.	Special Awards, Honors	Offices Held	Activity	No. of Years Partic.	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS

Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNIQUE CIRCUMSTANCES

Please describe how and when any unique family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities.

FINANCIAL DATA (REQUIRED)

Instructions for this section are provided in the guidelines.

The student's parents or student if independent must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. **To be considered for an award, this section must be filled out completely.**

- | | |
|---|---|
| <p>1. State of Residence _____</p> <p>2. Adjusted Gross Income (FORM 1040) \$ _____</p> <p>3. Total Federal Tax Paid (FORM 1040) \$ _____
(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father (or Student) \$ _____</p> <p style="padding-left: 20px;">Total Income of Mother (or Student's Spouse) ... \$ _____</p> <p>5. Yearly Untaxed Income and Benefits:
Please indicate source –
<input type="checkbox"/> Social Security <input type="checkbox"/> AFDC <input type="checkbox"/> Child Support
<input type="checkbox"/> Other \$ _____</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums) \$ _____</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ _____</p> <p>8. Total number of family members living in the household and primarily supported by the reported income ... # _____</p> <p>9. Marital status of parent or student:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Total number of family members attending college at least half-time during the next school year, including applicant # _____</p> |
|---|---|

OTHER AWARDS

Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments: _____

Appraiser's Name _____ Title _____ Telephone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

An official transcript of grades **must** be sent with this application. Online transcripts and grade reports are not acceptable.

1. Students currently or previously enrolled in graduate school, college or vocational-technical school must include all graduate school, college or vo-tech transcripts of grades from each school attended. (Completion of high school information below is not necessary.)

2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official. **(A clear explanation of the high school's grading scale must also be submitted.)**

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average			SAT			ACT				
	Weighted: _____/4.0 scale			Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted: _____/4.0 scale										

School Official's Signature _____ Date _____ Title _____ Telephone (_____) _____

School Official's Address: Street _____ City _____ State _____ Zip _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
 - Current Complete Official Transcript(s) of Grades (including grading scale)
- Online transcripts are not acceptable.

All materials, including transcript, must be addressed to:

NC Hospitality Education Foundation Scholarships
 Scholarship Management Services
 One Scholarship Way, P.O. Box 297
 Saint Peter, MN 56082

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CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including a copy of my U.S. Income Tax Return. I understand my application and transcript may be reviewed by Johnson and Wales University. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____