

SCHOLARSHIP PROGRAM APPLICATION

The scholarship application package **must** include the following materials:

- completed application form due by **MARCH 1**
- three letters of recommendation
(one from an instructor/teacher; one from an employer; one from a personal reference)
- transcript from the school you most recently attended
- a 200 word essay describing who you are, your work experience and why you wish to pursue a career in the hospitality industry
- a letter of acceptance from the post-secondary institution you will be attending *(unless currently enrolled)*
- *hospitality work experience preferred but not required*

GENERAL INFORMATION

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____ M F

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ ETHNICITY *for reporting purposes only* _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ EMAIL _____

Are you affiliated with or related to any Pennsylvania Restaurant & Lodging Association board member? yes no

If yes, please explain the relationship. _____

HIGH SCHOOL EDUCATION INFORMATION

HIGH SCHOOL/VO-TECH SCHOOL NAME _____ GRADUATION DATE _____ G.P.A. _____

Do you have an equivalency diploma (GED) yes no

POST-SECONDARY EDUCATION INFORMATION

COLLEGE/UNIVERSITY/SCHOOL PRESENTLY ATTENDING _____

MAJOR _____ DEGREE PURSUING (EX. BS, AA, ETC.) _____

FINANCIAL AID OFFICE ADDRESS _____

CITY _____ STATE _____ ZIP _____

Is this the school for which the scholarship is intended? yes no

If no, please provide the name and address of the school for which the scholarship is intended.

Have you applied for admission? yes no

Have you been accepted? yes no

MORE ON REVERSE

ADDITIONAL INFORMATION

Complete the sections below and attach additional sheets as needed, or attach your resume. Be sure to note any leadership positions held.

Work Experience *(Including any industry-related internships or externships.)*

Extracurricular Activities

Honors, Awards & Achievements

Volunteer Experience/Charity Work

Are you planning to work during school? yes no

If yes, list the number of hours per week you plan on working. _____

I hereby certify that the information in this application is true and accurate to the best of my knowledge.

SIGNED

DATE

SIGNED *(PARENT OR GUARDIAN IF APPLICANT IS UNDER THE AGE OF 18)*

DATE

MAIL COMPLETE SCHOLARSHIP APPLICATION PACKET BY MARCH 1 TO:

Pennsylvania Restaurant Association Educational Foundation

100 State Street, Harrisburg, PA 17101

(800) 345-5353 • www.prla.org/scholarships