



## 2012/2013 SCHOLARSHIP APPLICATION

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

### PURPOSE

The Hospitality Industry Education Foundation (HIEF) is dedicated to providing scholarships for students who are pursuing an education and career in the foodservice industry.

### ELIGIBILITY CRITERIA

- Applicants must be a citizen or permanent resident\* of the United States of America. Preference will be given to NM residents.
- Applicants must be accepted and plan to enroll in a U.S. accredited college, culinary school, or university.
  - Enroll as a full-time student taking a minimum of 12 credit hours each term.
  - Major in culinary, restaurant management, or other foodservice related major.
  - Plan to remain in school for at least two consecutive terms.
- Applicants must submit the following:
  - Signed and completed application
  - Three letters of reference on school or company letterhead
  - Three completed Character Reference Forms
  - Current official transcript
  - Essay (500 words minimum, typed, double spaced)
- Applications must be completed and postmarked by May 1, 2012. Late applications will not be accepted. Faxed applications will not be accepted. Do not staple or bind application in any way.

### PARTICULARS

- The scholarship is to be used toward the pursuit of a certificate or an undergraduate degree at an accredited post-secondary institution.
- Scholarships are disbursed DIRECTLY to the educational institution only after the HIEF office receives verification from the institution's records/admissions office confirming full-time enrollment for the student.
- Recipients will be recognized at the annual Hospitality Industry Awards Ceremony. The event will be held on September 24, 2012 in Albuquerque.
- The Hospitality Industry Education Foundation Scholarship Committee will determine the number and value of scholarships to be distributed each year.
- HIEF reserves the right to make exceptions based on circumstance.
- This is a merit based scholarship, judges will score 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

*\* Permanent Resident Alien: Any person not a citizen of the United States who is residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant. Also known as a resident alien permit holder and green card holder.*



## SCHOLARSHIP APPLICATION

### 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.*

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

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

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

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

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

U.S. Citizen or Resident?  Yes  No      New Mexico Resident?  Yes  No      Sex:  Male  Female

Ethnicity?  African American  Asian American  Caucasian  Hispanic  Native American  Other

*You may supply this information voluntarily. HIEF administers an equal opportunity scholarship program.*

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

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

### SCHOLARSHIP/PROSTART INFORMATION

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*Must be completed by all applicants.*

Are you a ProStart Certificate of Achievement holder?  Yes  No

If yes, Certificate # \_\_\_\_\_

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

Have you applied for a scholarship through the National  
Restaurant Association Educational Foundation (NRAEF)?  Yes  No

If yes, were you awarded the scholarship?  Yes  No  
 Have not 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 NMRA scholarship in the past?  Yes  No

If yes, what year(s)? \_\_\_\_\_ Amount of Award? \_\_\_\_\_



## SCHOOLS ATTENDED

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Please list in order beginning with most recent. Reminder: You must include an official transcript with your application from current school.

School Name	City, State	Dates Attended	Degree Earned

## HOSPITALITY INDUSTRY WORK EXPERIENCE

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List paid or voluntary hospitality industry work experience. ONLY include hospitality related work experience, listing the most recent experience first.

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

*\*To calculate total hours, multiply average hours worked per month by total months worked.*

**Total Hours Worked:** \_\_\_\_\_

## CHARACTER REFERENCES

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

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

## FINANCIAL INFORMATION

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*Expenses for one academic year:*

School:     In-State         Out-of-State         Private

Annual Tuition \_\_\_\_\_ Fees, Books, Supplies, Uniforms (*estimate*) \_\_\_\_\_

## 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 Hospitality Industry Education 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 HIEF. Furthermore, I understand that the decisions made by the Hospitality Industry Education 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 May 1, 2012 to qualify. An incomplete application will not be accepted. Notification will be made to all applicants by July 1, 2012. If you have any questions, please call 800/432-0740 or 505/343-9848.*

**Submit application to:**  
Hospitality Industry Education Foundation  
9201 Montgomery Blvd NE Suite 602  
Albuquerque, NM 87111



## CHARACTER REFERENCE FORM FOR SCHOLARSHIP APPLICANT

\_\_\_\_\_ has applied to the Hospitality Industry Education 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	_____	_____	_____	_____	_____
Seriousness	_____	_____	_____	_____	_____
Work Record	_____	_____	_____	_____	_____
Balance of Activities	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____

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

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

Are you acquainted with the applicant's financial need in this instance? \_\_\_\_\_

Is the applicant's financial need:

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Great | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Small | <input type="checkbox"/> Unknown  |

Would you recommend the granting of a scholarship to this applicant?

- Yes                       No

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.

NOTE: This form and a 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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Seriousness	_____	_____	_____	_____	_____
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Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____

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

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

Are you acquainted with the applicant's financial need in this instance? \_\_\_\_\_

Is the applicant's financial need:

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Great | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Small | <input type="checkbox"/> Unknown  |

Would you recommend the granting of a scholarship to this applicant?

- Yes                       No

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

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

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

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

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Balance of Activities	_____	_____	_____	_____	_____
Communication Skills	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Initiative	_____	_____	_____	_____	_____
Character	_____	_____	_____	_____	_____
Maturity	_____	_____	_____	_____	_____
Personality	_____	_____	_____	_____	_____
Appearance	_____	_____	_____	_____	_____

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Is the applicant's financial need:

- |                                |                                   |
|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Great | <input type="checkbox"/> Moderate |
| <input type="checkbox"/> Small | <input type="checkbox"/> Unknown  |

Would you recommend the granting of a scholarship to this applicant?

- Yes                       No

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

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

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

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

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