



HOSPITALITY ALLIANCE, INC.

A Joint Program of the Hillsborough County Hotel & Motel Association and the Florida Restaurant & Lodging Association Pinellas Chapter

APPLICATION FOR SCHOLARSHIP COMPETITION

APPLICATION DEADLINE: April 1, 2010

Please clearly print your responses. Should additional space be required, please provide clearly printed or typed attachment.

1. A. PERSONAL DATA

Name

(First) (Middle) (Last)

School Home Address

School Home Phone ( ) Current Until

B. CITIZENSHIP

Are you an U.S. Citizen? Yes No

Have you been a Florida resident for more than one year? Yes No

Permanent Address

Permanent Phone Number ( )

Social Security Number Email Address

**2. EDUCATION BACKGROUND**

- 1. Attach copies of the transcripts from high school or (if college student) each undergraduate school attended.
- 2. List below in chronological order every high school or college/university you have attended as an undergraduate.

Name of School and Location

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Dates of Attendance From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.

Name of School and Location

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Dates of Attendance From \_\_\_\_\_ To \_\_\_\_\_  
Mo./Yr. Mo./Yr.

List All Degrees with Dates

\_\_\_\_\_  
Degree Date  Earned  Expected

\_\_\_\_\_  
Degree Date  Earned  Expected

3. Cumulative GPA (based on 4.0) \_\_\_\_\_ Major Studies GPA (if applicable) \_\_\_\_\_  
Current Class Status \_\_\_\_\_ Enrollment Date (if not currently) \_\_\_\_\_

4. Name/Phone Number of School Counselor

\_\_\_\_\_  
Name Number

**3. DEPENDENT INFORMATION (if applicable)**

A. Do you receive financial assistance from your parents or guardians?  Yes  No  
If the answer is yes, then please complete the following:

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Annual Income

B. Please list dependents of parents or guardians other than applicant

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

C. Are any of the above dependents of parents/guardians attending college?  Yes  No

D. If yes, please describe any financial support they receive:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Household Income

Annual Income

Father \_\_\_\_\_

Mother \_\_\_\_\_

TOTAL \_\_\_\_\_

F. Please list any dependents for which you are responsible (if applicable)

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Are any of your dependents attending college?  Yes  No

If so, where?

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**4. STATEMENT OF FINANCIAL NEED / ESTIMATED SOURCES OF INCOME**

Sources of income or financial aid/loans and other scholarships. Name such sources, listing dollar amounts for each. (Documentation may be requested).

Source(s)	Amount
_____	_____
_____	_____
_____	_____

<u>Estimated Expense of Student</u>	<u>Amount</u>
Tuition	_____
Books and Supplies	_____
Room and Board	_____
Other (itemize)	_____
TOTAL	_____

**5. PROFESSIONAL / EMPLOYMENT EXPERIENCE (attach resume if desired)**

Employer/Hospitality-Related Position(s) held: (last two positions)

Employer _____	Employer _____
Position Held _____	Position Held _____
Dates _____	Dates _____
Approx. Hrs/Week _____	Approx. Hrs/Week _____
Wages/Tips/Salary (gross) _____	Wages/Tips/Salary (gross) _____

**6. REFERENCE / RECOMMENDATION (Mandatory)**

1. Please attach two personal or professional reference letters.( with phone numbers)
2. Please attach a letter from a professor or a school counselor.
3. Please provide a name and number of a contact person (faculty/staff) on campus in the event you are awarded an Alliance Scholarship.

**7. STATEMENTS**

A. Why should we consider you for this scholarship?

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B. What created your interest in the hospitality field?

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C. Where do you see yourself immediately after graduation? After 5 years?

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D. Why do you need assistance?

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I certify that all of the information on this form and in the accompanying application materials is accurate and complete to the best of my knowledge. I understand that falsification or omission of information will be sufficient grounds for cancellation of any award under the Alliance Scholarship Program.

I am aware that it is my responsibility to provide within 3 weeks after the beginning of a new semester a transcript to the Alliance Scholarship Committee. Failure to do so may result in cancellation of scholarship award.

I further certify that I understand that I will not receive any scholarship proceeds until after the academic drop-add period has expired and confirmation of my full-time status has been received on my institution's letterhead by the Alliance from my faculty advisor, counselor or the financial aid office. As a result, this may mean that I may have to make appropriate arrangements to pay necessary tuition, fees and book costs from sources other than any potential scholarship award, based upon the policies of my institution.

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Signature of Applicant

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Date

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Signature of Parent/Guardian (If a dependent)

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Date

Return Application to:  
**TAMPA BAY HOSPITALITY ALLIANCE, INC.**  
Post Office Box 3298  
Tampa, FL 33601-3298

Or email to: [info@hchma.com](mailto:info@hchma.com)