2019 SCHOLARSHIP APPLICATION

**Please note: Incomplete applications will not be considered for scholarships.**

**REQUIREMENTS FOR APPLICATION X**

* Minimum GPA of 3.0 or equivalent
* Endorsement letter from the National Hotel Association
* Three letters of reference or recommendation, at least one of which must come from a hotel or tourism industry person. If applicable, an endorsement letter from your current employer should be submitted
* Transcripts from most recent academic institution or academic course
* A recent photo of the applicant in jpeg or similar format. (Photos may be used as part of the CHTA Education Foundation promotion and social media campaigns and should be a positive, cheerful reflection of who you are and your hospitality aspirations.)
* A 400-words or less statement which includes:
	+ the applicant’s area of tourism and academic interest,
	+ outline of financial need,
	+ outline of how the scholarship will advance the applicant’s career and benefit the hospitality and tourism industry in the applicant’s country.

**APPLICATION INSTRUCTIONS:**

* All Scholarship Applications must be received **no later than April 15, 2019**
* CHTAEF is a green organization and the Scholarship Application process is paperless. Please complete the application and email to Foundation@CaribbeanHotelandTourism.com.
* Incomplete applications will not be considered for scholarships.
* If you have any questions, please call 305-443-3040.
* Scholarships are awarded for Tuition Only and funds will be sent directly to the University or College directly to pay for or subsidize tuition.  No money will be sent to students.

**Please fill in all information to be eligible for a scholarship and print your name on every page**.

Candidate Name:

**Contact Information**

|  |  |
| --- | --- |
| Name |  |
| Street |  |
| City |  |
| Country |  |
| Telephone |  | Mobile |  |
| Email |  |
| Nationality/Citizenship  |  | Country of Residence |  |

**Education** **(Current and Past)**

|  |  |
| --- | --- |
| **Name of Secondary/High School/College** |  |
| Dates Attended(from-to) |  |
| Courses Taken |  | GPA |  |
| Degree |  |

**A copy of official transcripts is required to verify grades.**

**Work Experience**

|  |  |
| --- | --- |
| Employer |  |
| Job Title/Function |  |
| Dates (from – to) |  | Country |  |
| Supervisor |  |

|  |  |
| --- | --- |
| Employer |  |
| Job Title/Function |  |
| Dates (from – to) |  | Country |  |
| Supervisor |  |

|  |  |
| --- | --- |
| Employer |  |
| Job Title/Function |  |
| Dates (from – to) |  | Country |  |
| Supervisor |  |

Candidate Name:

**Community Involvement Professional Awards and Memberships**

Please list Please list

|  |  |
| --- | --- |
|  |  |

**Scholarship Information**

|  |
| --- |
| What is Your Area of Interest? |
|  | Hotel Management |  | Culinary Arts |
|  | Tourism Management |  | Event Management |
|  | Other (please specify) |

Terms:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Full time study |  | Part time study |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currently Enrolled/Accepted by the University or College:  |  | Yes |  | No |

|  |  |
| --- | --- |
| Name of University or College |  |
| Location of University or College |  |
| Start Date  |  |
| Graduation Date |  |

Program Description

Please provide the ***exact*** ***complete*** degree or course name

Candidate Name:

**Funding Information**

Please note that most CHTA scholarships are approximately US$5,000

1. Total tuition cost per year at college you are applying for US$ \_
2. Scholarship amount being requested per year US$
3. Amount of self-funding expected US$
4. Are you getting any other scholarships or grants [ ] Yes [ ] No

If so, from where? How much? US$

Please list all other sources of funding to make up any differences between the tuition cost and the scholarship?

 US$

 US$

 US$

**Statement of Endorsement**

To be filled out by the local National Hotel Association.

**A separate letter from the National Hotel Association *may* be submitted in place of this form**.

**HOTEL ASSOCIATION ENDORSEMENT**: We support this application:

|  |  |  |  |
| --- | --- | --- | --- |
| Association’s Name |  | Date: |  |
| Executive’s Name |  |
| Electronic Signature |  |

**Applicant’s Certification Statement**

I hereby acknowledge that the information submitted herein is true, correct and complete.

I also certify that I am in need of financial assistance to continue my education and professional development and I understand that all scholarships are for payment of tuition only.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Name (Print) |  | Date: |  |
| Electronic Signature |  |