

**St. Louis Area Hotel Association
2010 Scholarship Application**

Full Name:

Address:

.....

Telephone (home) (work)

Email:.....(cell)

SECTION II: ACADEMIC RECORDS

Name of high school attended:

Date of graduation:

Name of college(s) attended:

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List of any academic honors received or office you held in high school or college:

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List of any extracurricular activities in which you are/were involved in high school or college:

.....

.....

List any extracurricular activity in which you are/were involved in the community:

.....

.....

SECTION III: WORK EXPERIENCE

List all work experience beginning with current or most recent:

Employer:

.....

Address:

.....

Duties:

.....

Supervisor's Name:..... Phone:

Email:..... (cell):.....

Dates of Employment:

Contact this employer?: Y..... N.....

Employer:

.....
Address:

.....
Duties:

.....

Supervisor's Name Phone:

Email:..... (cell):.....

Contact this employer?: Y..... N.....

Dates of Employment:

Employer:

.....
Address:

.....
Duties:

.....

Supervisor's Name Phone:

Email:..... (cell):.....

Contact this employer?: Y..... N.....

Dates of Employment:

Have you worked in the tourism/hospitality field that is not listed above?
Yes No.....

If yes, what type of work and how many hours per week?

.....

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Have you ever participated in an internship program? Yes No

SECTION IV: EDUCATION/CAREER

When do you plan to graduate from college?

Previous semester grade point average:

If you have additional educational objectives, what are they?

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What skills/activities do you have that make you desire a career in the hospitality industry? How will you use and develop them? Why do you think you should be awarded one of the \$2,500 scholarships (1-2 page essay; attach separate sheet(s).)

Are you affiliated with industry organizations? If so, what are they?

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SECTION V: SCHOLARSHIP REQUEST

Approximate tuition and fees per semester \$ _____

Approximate books and supplies per semester \$ _____

Total: \$ _____

1. What part of this cost will be paid by another source? \$ _____
2. What other scholarship aid have you apply for or have received? \$ _____
3. Amount of funds you are requesting from the St. Louis Area Hotel Association?
\$ _____

School/Program for which you are applying for this scholarship:

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Contact, address and phone information of where potential scholarship would be mailed (ie. Bursar's or Admissions Office)

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.....
Have you received a scholarship from SLAHA in the past? List year(s).....

SECTION VI:

I understand all recipients must meet the following minimum eligibility requirements:

- Enrolled as a freshman, sophomore, junior or senior at a four-year institution
Enrolled as a freshman or sophomore at a two year institution
- Have a minimum of a 2.25 overall grade point average
- Be a United States citizen or permanent U.S. resident
- I understand that I must be enrolled full time (minimum 9 hours) for the next academic year (both semesters) for which this scholarship is given in order to receive the full amount of the scholarship.

I also understand that:

- Applications will be accepted by the association through Friday, April 30th, 2010.
- Scholarships will be awarded by Friday, May 14th, 2010 with payment to be made shortly thereafter to the school or university. Failure to enroll or complete full-time status will require forfeiture or return of scholarship monies.

I agree to release my transcript and my address to the St. Louis Area Hotel Association for the purpose of receiving and verifying this scholarship and for contact in subsequent years. In addition, I agree to send the St. Louis Area Hotel Association a picture of myself (head & shoulder shot) and give St. Louis Area Hotel Association permission to use this picture in any St. Louis Area Hotel Association publication or promotional activity.

(Signature) (Date)

- Upon receipt of a scholarship, would you be interested in being contacted for an internship?
 Yes No
- Upon receipt of a scholarship, would you like to be contacted by hotels for employment opportunities?
 Yes No
- Upon receipt of a scholarship, would you like to be contacted 1 or 2 times a semester by a hospitality mentor?
 Yes No

Please check your application to be sure it has been signed and that all necessary information is correct. Do not submit the application without all of the documentation listed below. Return the completed application along with the following documents:
 Completed application
 Two letters of recommendation from a former or current supervisor, preferable from the hotel industry, and an instructor/teacher
 Current transcript of grades
 1-2 page essay

**Submit the completed application and requested documents to:
Vicki Boyer
Executive Director
St. Louis Area Hotel Association
701 Convention Plaza, Suite 300
St. Louis, MO 63101
FAX: 314/621-2145**

**If you have questions,
call: 314/206-7341
or**

email: vboyer@stlhotels.com