



HOSPITALITY SCHOLARSHIP APPLICATION

(FOR FULL-TIME STUDENTS)

GENERAL INFORMATION AND INSTRUCTIONS

The Educational Foundation of the Hotel and Lodging Association of Greater Kansas City established the hospitality scholarship program to provide financial assistance to enrolled college students pursuing a career in hospitality management. Scholarships are awarded annually to assist with the cost of tuition, student fees, and books. Scholarship recipients receive \$2,000 if attending a four-year college or university or \$1,500 if attending a two-year college. In addition, the association awards several “named” scholarships which may result in the student receiving a higher award.

Applicants must submit the following items to the association office **no later than the first week of April** to be considered for a scholarship:

1. Completed application form
2. Letter of recommendation, preferably from an instructor or job supervisor*
3. Transcript reflecting grades as well as enrollment for fall semester *

Scholarships are awarded based on student’s GPA, employment record, financial need, membership in their college/university hospitality club, and whether they have participated in an association activity. While students may attend the college or university of their choice, applicants attending an association member institution (Johnson Co. Community College, University of Central Missouri, Missouri State University, or Kansas State University) will receive additional qualifying points.

Scholarship payments will be made directly to the college/university in 2 installments. Half will be paid for the fall semester. Upon completion of that semester, a copy of the student’s transcript must be sent* to the association office reflecting they have maintained a 2.5 GPA and are enrolled for the next semester. It is the student’s responsibility to request this transcript! After the transcript has been received, a check will be mailed for the spring semester.

* to be mailed directly to the association office by the person/school.

Hotel and Lodging Association of Greater Kansas City
1600 Genessee, Suite 603
Kansas City, MO 64102
Phone: 816.421.3646 Fax: 816.421.4089
www.kansascitylodging.org



FULL TIME COLLEGE SCHOLARSHIP APPLICATION

I am applying for: First Time Scholarship Renewal Scholarship Minority Scholarship

PERSONAL INFORMATION

Name _____ Date of Birth: _____

Address _____

Phone: Home # _____ Cell or School # _____

SCHOOL INFORMATION

I am/will be attending: Junior/Community College 4-year College/University Graduate School

I am studying for: Associate Degree Bachelor Degree Masters Degree

Anticipated Graduation Date (month/year) _____ Career Goal _____

Name of School _____

Address of School _____

Member of Hospitality Club at this school? Yes No (Not required for incoming freshmen)

Name of Club's Hospitality Advisor _____

EDUCATION HISTORY

Name, City, State of high school attended _____

List colleges attended, beginning with most recent:

Name of School	City, State	Dates Attended	Degree Earned?
_____	_____	_____	_____
_____	_____	_____	_____

List academic honors received _____

List office or other leadership positions held _____

List extra-curricular activities you were involved in _____

WORK HISTORY (list most recent first)

Company	Address	FT/PT	Dates of Employment (From/To)	Supervisor Name
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan to work during breaks/summer? Yes No

(continued)

Continuation of College Scholarship Application for _____
(applicant name)

FINANCIAL INFORMATION

List income you are reasonably certain you will receive for one school year. DO NOT include financial aid for which you are applying here.

INCOME		EXPENSES	
Scholarships or grants	_____	Tuition, fees, books, supplies	_____
Savings or Investments	_____	Room/board	_____
Earnings during school year	_____	Rent, food, utilities off campus	_____
Earnings during summer/breaks	_____	Clothing, laundry, cleaning	_____
Earnings of spouse	_____	Medical/dental	_____
Aid from parents	_____	Transportation	_____
Social Security	_____	Other (e.g. insurance, fuel, etc.)	_____
Other	_____		
TOTAL	_____	TOTAL	_____

If you are self-supporting and your parents do not claim you as an exemption on their federal income tax, indicate your source of income _____

If your parents claim you as an exemption, are they supporting other children at home? Yes No
(If so, list children's ages) _____

STATEMENT OF TERMS AND CONDITIONS

To the best of my knowledge, I have provided the Educational Foundation of the Hotel and Lodging Association of Greater Kansas City complete and accurate information on this application. I agree to report any factor which could affect consideration of my application. I understand that failure to provide true and complete information on this application could mean withdrawal of all financial assistance and return of all expended funds. I understand that failure to complete the full academic year for which application is made will mean withdrawal of all financial assistance and a return of expended funds. I understand that failure to maintain a 2.5 GPA the first semester and failure to submit transcript reflecting this will result in no assistance being provided to me for subsequent semester(s).

Signature of Applicant _____ Social Security Number _____ Date _____

Mail completed form to:
Educational Foundation of HLAGKC
1600 Genessee, Suite 603
Kansas City, MO 64102