



SCHOLARSHIP APPLICATION

PURPOSE

Washington Restaurant Association Education Foundation (WRAEF) scholarships are designed to assist students who demonstrate an interest in and commitment to the foodservice and hospitality industry in pursuing an advanced education. Preference will be given to Washington State residents.

ELIGIBILITY CRITERIA

- Scholarships are available to current high school seniors in a ProStart program.
- Applicant must be currently enrolled in an industry-related educational program at a post-secondary institution.
 - Culinary Arts
 - Foodservice
 - Hospitality Management
 - Food Distribution
 - Tourism
 - Hotel, Restaurant & Institutional Skills
- Applicants must submit the following:
 - Completed application
 - 3 completed Character Reference Forms with letters of reference
 - Current **OFFICIAL** transcript with a minimum 2.0 cumulative GPA
 - Essay
- Scholarship applications must be completed and postmarked by December 31 of each year. Late applications will not be accepted. Faxed or electronic applications will not be accepted. Do not staple, paperclip or bind application in any way. Incomplete applications will not be considered.

PARTICULARS

- The WRAEF Board of Director's will determine the number and value of scholarships to be distributed each year.
- The scholarship is to be used toward the pursuit of a certificate, an undergraduate, or masters degree at a post-secondary institution. Approved institutions:
 - Universities
 - State Colleges
 - Community and Junior Colleges
 - Apprenticeship Programs
 - Technical/Vocational Schools
- Applicants chosen as scholarship recipients must be classified as full-time students in order for any funds to be disbursed to the educational institution. (Full-time: enrolled in at least 12 hours or the equivalent, according to the guidelines of the educational institution for full-time classification.)
- WRAEF reserves the right to make exceptions based on circumstance.
- Scholarships will be available for use fall quarter of the year they are awarded and must be used within two years. Example: If you are awarded a scholarship in spring 2011, it can be used as early as fall quarter 2011 but must be used by fall quarter 2013.
- Scholarships are disbursed **DIRECTLY** to the educational institution only after the WRAEF office receives verification from the institution's records/admissions office confirming full-time enrollment for the student. Students are responsible for providing this information to the WRAEF.
- Recipients will be recognized and presented with an award at the annual Toasting the Finest event held in spring each year. Details to be announced.
- Judges will score on the following:
 - Presentation of application (spelling, punctuation, etc.)
 - Strength of letters of recommendation
 - Essay (well written and within word count)
 - Addresses all requested points/topics
 - Industry related work experience
 - Cumulative grade point average



SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

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 (____) _____ - _____ ext. _____

Email Address _____ Date of Birth _____

Washington Resident? Yes No U.S. Citizen Yes No Sex: Male Female

Parent or Legal Guardian Name _____

Phone Number (Home) (____) _____ - _____ (Work) (____) _____ - _____ ext. _____

Parent or Legal Guardian Name _____

Phone Number (Home) (____) _____ - _____ (Work) (____) _____ - _____ ext. _____

SCHOLARSHIP/PROSTART INFORMATION

Are you a ProStart Certificate holder? certificate # _____ Yes No

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

Have you applied for a scholarship through the National

Restaurant Association Solutions? 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 WRAEF scholarship in the past? Yes No

If yes, what year/s? _____ Amount of Award? _____

SCHOOL INFORMATION

A. Current Information

School Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ ext. _____

Expected Graduation Date _____

Cumulative GPA _____

B. Future Information

School Name _____

Address of Financial Aid Office _____

City _____ State _____ Zip _____

Financial Aid Office Phone Number _____ ext. _____

Required date of funding at the institution _____

Expected Graduation Date _____

Major _____ Cumulative GPA _____

I plan to pursue/receive a: Certificate Associate's Bachelor's Master's

ACADEMIC HONORS & ACHIEVEMENTS *(Optional)*

Include only those activities and honors received during the past two years.

Academic Honors _____

Extracurricular Activities or Awards _____

Offices or Leadership Positions Held (date, organization, position) _____

ESSAY

Please submit an essay explaining the following: your reason(s) for applying for a scholarship and why you feel you should receive one, the type of career in the foodservice or hospitality industry you plan to pursue, and your future goals. Your response should be 1-2 pages, typed, 12 pt. font and double-spaced.

SCHOOLS ATTENDED

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

School Name	City, State	Dates Attended	Degree Earned

HOSPITALITY INDUSTRY WORK EXPERIENCE

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

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

Expenses for one academic year:

School: In-State Out-of-State Private

Annual Tuition (*full-time*) \$ _____ Fees, Books, Supplies, Uniforms (*estimate*) \$ _____

REQUIRED SIGNATURE

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 Washington Restaurant Association 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 WRAEF. Furthermore, I understand that the decisions made by the WRAEF Board of Director’s 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 December 31 of each year to qualify. Incomplete applications will not be accepted. Notification will be made to all applicants in February.
If you have any questions, please call 877.695.9733 x127*

Submit application to:
Washington Restaurant Association Education Foundation
510 Plum Street SE, Ste 200
Olympia, WA 98501



CHARACTER REFERENCE FORM FOR SCHOLARSHIP APPLICANT

_____ has applied with the Washington Restaurant Association Education Foundation for a scholarship. The WRAEF Board of Director's 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Industry Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dedication/Commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How long have you known the applicant?

Are you related in any way? Yes No

Are you acquainted with the applicant's financial need in this instance? Yes No

Is the applicant's financial need: Great Moderate Small 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.