



# Arkansas Tourism and Hospitality Education Foundation Scholarship Application

## 2021-2022

DEADLINE—Friday, April 23, 2021

Dear Applicant:

The Arkansas Tourism and Hospitality Education Foundation welcomes your application for a hospitality industry scholarship. Individual awards will range from **\$500 to \$2,000** for the 2021-2022 academic year.

### HOW TO APPLY

Please follow the FOUR steps to complete your Application Packet. All materials must be mailed to the AHA and postmarked by the deadline date.

**STEP #1: Make sure you are qualified for this scholarship. Please read through the qualifications below. If you don't meet ALL the qualifications, you are not eligible to apply.** To be eligible to apply, you must:

1. Be a citizen or permanent resident of the United States and a resident of Arkansas
2. Be a graduating high school student that has been accepted and enrolled into an AHA-approved Hospitality Program accredited culinary school, college, or university OR currently enrolled full-time or substantial part-time (minimum of 9 credit hours) in an AHA-approved Hospitality Program accredited culinary school, college, or university.
3. Be enrolled for two consecutive terms, not entering your last semester before graduating or graduating before May 2022.
4. Students who are enrolled in an Internship Prep class will NOT be processed due to lack of credit hours.

### STEP #2: Gather all the required documentation

To be considered for a scholarship, your application packet must include the following:

For entering Freshmen:

1. A minimum of two letters of recommendation from persons in the hospitality industry and/or hospitality instructors.
2. An official high school transcript for students entering their first year of higher education.
3. Entering freshmen will need to supply a copy of your acceptance letter to a postsecondary hospitality program stating your intended program of study.
4. Entering freshmen will need to supply proof of enrollment.

**General awards require a minimum 2.5 GPA.**

For returning postsecondary students:

1. A minimum of two letters of recommendation from persons in the hospitality industry and/or hospitality instructors.
2. An official college transcript for returning postsecondary students.
3. Proof of enrollment.

**General awards require a minimum 2.5 GPA.**

### **STEP #3: Complete the application**

Complete and sign the application form.

Please print clearly or type your answers. Neatness counts with the selection committee. Please complete the answers to all questions. Unanswered questions penalize applicants. Check your application carefully before returning it to AHA. Be sure all required information is correct and that the application is signed and dated. Unsigned applicants will be disqualified.

### **STEP #4: Mail completed scholarship application packet by the deadline date**

Documentation sent separately from the application must be postmarked by the application date or your application will be disqualified.

IT IS THE APPLICANT'S RESPONSIBILITY TO SEE THAT ALL REQUIRED DOCUMENTATION IS RECEIVED AT THE AHA OFFICE NO LATER THAN 5:00 P.M. Friday, April 23, 2021. PLEASE CALL TO MAKE SURE THAT ALL DOCUMENTATION HAS BEEN RECEIVED.

Mail your application packet and all required documents on or before the deadline to:

**Hospitality Scholarships**  
**Arkansas Tourism and Hospitality Education Foundation**  
**P.O. Box 3866**  
**Little Rock, AR 72203**

### **OTHER IMPORTANT SCHOLARSHIP APPLICATION INFORMATION**

#### **HOW YOU WILL BE NOTIFIED**

Winners of scholarships for the upcoming academic year will be notified via US mail by the first week of June. The winners will be asked to attend an Awards presentation that will be held in conjunction with the Annual Student Invitational. More information and an invitational to the event will be sent at a later date.

#### **REASONS FOR DISQUALIFICATION, IN-ELIGIBILITY, AND RESTRICTIONS**

1. Your application packet may *not* be considered if it is:
  - a. Incomplete (missing *any* of the required documentation described above)
  - b. Not signed. If you are under 18 years old, your parent or guardian must also sign it.
2. Do NOT put your Application Packet into a report cover, binder, or file. Leave it un-stapled.
3. You will be disqualified if you will not be enrolling for two consecutive terms, you are entering your final semester, or graduating prior to May 2022.

#### **SCHOLARSHIP INTERVIEWS**

**An applicant interview may be conducted by a representative of the scholarship committee at the committee's request. Once the applications have been submitted, a request for interview will be emailed to any applicants chosen for further inquiry by the committee.**

If you have any questions about the application process, please contact Montine McNulty at the AHA Office at (501) 376-2323 or [montine@arhospitality.org](mailto:montine@arhospitality.org)

**The ATHEF wishes you success in your academic and career goals!**

## SECTION I — PERSONAL INFORMATION AND INTERESTS

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Ms. Or Mr. (circle)    Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_    Student ID: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_(\_\_\_\_)

If you have a school residence to where you wish mail to be directed, please indicate below.

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Effective Date: \_\_\_\_\_

I presently attend: \_\_\_\_ High School \_\_\_\_ Tech College \_\_\_\_ College/University \_\_\_\_ Other

Name of present school: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Next fall I will be attending (name of school): \_\_\_\_\_

School Address/City/State/Zip: \_\_\_\_\_

Address of the Financial Aid Office of the school you will be attending: \_\_\_\_\_

I will be in my: \_\_\_\_ 1<sup>st</sup> year \_\_\_\_ 2<sup>nd</sup> year \_\_\_\_ 3<sup>rd</sup> year \_\_\_\_ 4<sup>th</sup> year

Name of program enrolled in: \_\_\_\_\_

Type of Degree pursuing (BA, AA, AAS): \_\_\_\_\_

Current Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Telephone: \_(\_\_\_\_)

My interests/hobbies are: \_\_\_\_\_

The area of hospitality in which I am interested: \_\_\_\_\_

Some non-academic activities in which I have been involved are (community/social): \_\_\_\_\_

## EDUCATION

Schools Attended – List most recent first.

Name of School	City/State	Dates Attended	Degree/GPA
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## SECTION II – ACADEMIC RECORD AND ACHIEVEMENTS

Use additional pages in necessary.

List any academic honors you have received.

List any offices or leadership positions you have held and the name of the organization.

List any other extracurricular activities or seminars in which you have been involved.

What are your academic strengths and weaknesses?

## SECTION III – EMPLOYMENT AND EXPERIENCE

Employment History – List your most recent experience fist.

Business Name	City/State	Dates	Position/Title
1a. _____			
1b. Job Duties (Be Specific): _____			
_____			
2a. _____			
2b. Job Duties (Be Specific): _____			
_____			

**SECTION IV – STUDENT THOUGHTS** *Use additional pages in necessary.*

In your opinion, what are the challenges facing the hospitality industry today and how would you propose to resolve these problems?

How did you become interested in your focus area?

**SECTION V – ASPIRATIONS** *Use additional pages if necessary.*

What are your academic/educational goals? How do you intend to make these possible?

What are your future goals and how do you intend to reach them?

Why are you deserving of this scholarship and why will this scholarship help you in your career goals?

## REQUIRED SIGNATURE

To the best of my knowledge, I have provided the Arkansas Tourism and Hospitality Education Foundation with complete information concerning all questions on the application. I agree to report to the Foundation any factors that could affect consideration of my application. I understand that failure to provide true and complete information could mean withdrawal of scholarship funds.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Signature (if under 18 years of age): \_\_\_\_\_

**Congratulations! You have taken the first step toward financial reward as well as industry recognition. Please take a few minutes to proofread your application. The careful completion of your application will reflect on your professionalism. We look forward to receiving your application.**