

PLEASE PRINT CLEARLY.

YOU MAY CLIP THIS FORM AND RETURN IT BY POSTAL MAIL TO:

**Victoria Spitalere – Director  
Scholarship Program Office  
43-47 37<sup>th</sup> Street  
Long Island City, NY 11101**

OR YOU MAY E-MAIL THIS INFORMATION TO: [Training-Scholarship@hotelfunds.org](mailto:Training-Scholarship@hotelfunds.org)

**2017 Scholarship Competition**

**ELIGIBILITY INFORMATION FORM**

Today's Date \_\_\_\_\_

**APPLICANT**

Male

Female

Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_ Country of Birth \_\_\_\_\_  
mo/day/year

High school graduation date: \_\_\_\_\_ Are you attending college? \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN**

Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Cellular \_\_\_\_\_

Employer Name \_\_\_\_\_ Local Union \_\_\_\_\_  
Hotel/Concession/Club

Social Security Number \_\_\_\_\_ Job Title \_\_\_\_\_