PLEASE PRINT CLEARLY.

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

Latisha Greaves
Scholarship Program Office
43-47 37th Street
Long Island City, NY 11101

OR YOU MAY E-MAIL THIS INFORMATION TO: Training-Scholarship@hotelfunds.org

2018 Scholarship Competition	ELIGIBILITY INFORMATION FORM
Today's Date	
<u>APPLICANT</u>	Male □ Female □
NameFirst	Last
Date of Birthmo/day/year	Country of Birth
High school graduation date:	Are you attending college?
PARENT OR LEGAL GUARDIAN	
NameFirst	Last
Address	Apt
City	State Zip Code
Telephone	Cellular
Employer NameHotel/Conces	Local Unionssion/Club
Social Security Number	Job Title