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2020 Scholarship Competition

ELIGIBILITY INFORMATION FORM

Today's Date _____

CLUB ☐

HOTEL ☐

CASINO ☐

CONCESSION ☐

APPLICANT

Male ☐ Female ☐

Name _____
First Last

Date of Birth _____ Country of Birth _____
mo/day/year

Social Security # xxx-xx-
(last 4 digits)

High school graduation date: _____ Are you attending college? _____

PARENT OR LEGAL GUARDIAN

Name _____
First Last

Address _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone _____ Cellular _____

Hotel/Concession/Club/Casino _____ Local Union _____

Social Security Number# xxx-xx- Job Title _____
(last 4 digits)

Email this form to: training-scholarship@hotelfunds.org